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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HEALTH SERVICE AREA	001
LTC PLANNING AREA	Boone
State of Illinois	
TOTAL FACILITIES	3
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	3
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	2
Chronic Alcoholism	2
Developmentally Disabled	3
Drug Addiction	3
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	2
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	16
Blood Disorders	2
*Nervous System	28
Alzheimer Disease	33
Mental Illness	7
Developmental Disability	0
Circulatory System	60
Respiratory System	19
Digestive System	9
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	30
Injuries and Poisonings	9
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	226

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	282	277	259	276	226	206	286
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	282	277	259	276	226	206	286

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	7	0	0	0	0	0	0	3	7	10
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 ro 74	9	11	0	0	0	0	0	0	9	11	20
75 to 84	29	70	0	0	0	0	0	0	29	70	99
85 _Over	28	62	0	0	0	0	0	0	28	62	90
TOTALS	73	153	0	0	0	0	0	0	73	153	226

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	8648	51680	23026	83354	81.0	82.4
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			0	0	0.0	0.0
TOTALS	8648	51680	23026	83354	81.0	82.4

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	8648	11.5	51680	49.5
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	8648	11.5	51680	49.5

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

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

HEALTH SERVICE AREA 001
LTC PLANNING AREA 007

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	235
B. Total Admissions 2005	321
C. Total Discharges 2005	330
D. Residents on December 31, 2005	226

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	138	2	3	63	1	226
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	0	0	0
TOTALS	19	138	2	3	63	1	226

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiin or Pacific Islander	1	0	0	0	1
White	222	0	0	0	222
Unknown	0	0	0	0	0
Total	226	0	0	0	226
ETHNICITY					
Hispanic	4	0	0	0	4
Not Hispanic	222	0	0	0	222
Unknown	0	0	0	0	0
Total	226	0	0	0	226

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	131
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	2	0	0	0	0	0	0	0	0	0	2	0	2
45 to 59	0	1	2	5	0	0	1	0	0	0	0	1	3	7	10
60 to 64	0	0	2	3	0	0	0	0	0	0	0	0	2	3	5
65 to 74	1	0	5	10	0	0	0	1	3	0	0	0	9	11	20
75 to 84	5	2	14	41	0	2	1	0	9	25	0	0	29	70	99
85 _Over	6	4	13	41	0	0	0	0	9	17	0	0	28	62	90
TOTALS	12	7	38	100	0	2	2	1	21	42	0	1	73	153	226

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	18.50
LPN's	20.50
Certified Aides	96.00
Other Health Staff	10.00
Non-Health Staff	72.50
Totals	223.50

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

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

HEALTH SERVICE AREA	001
LTC PLANNING AREA	Carroll
State of Illinois	
TOTAL FACILITIES	3
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	3
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	2
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	1

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	1
No Restrictions	2

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	20
Blood Disorders	3
*Nervous System	20
Alzheimer Disease	22
Mental Illness	4
Developmental Disability	18
Circulatory System	31
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	3
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	165

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	170	170	163	170	149	72	170
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16		16
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	186	186	179	186	165	72	186

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	4	0	0	4	4	8
45 to 59	1	1	0	0	1	3	0	0	2	4	6
60 to 64	3	2	0	0	1	3	0	0	4	5	9
65 ro 74	6	13	0	0	1	0	0	0	7	13	20
75 to 84	17	23	0	0	0	0	0	0	17	23	40
85 _Over	12	70	0	0	0	0	0	0	12	70	82
TOTALS	40	109	0	0	6	10	0	0	46	119	165

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	1570	33502	18959	54031	87.1	87.1
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5840	0	5840	100.0	100.0
Shelter			0	0	0.0	0.0
TOTALS	1570	39342	18959	59871	88.2	88.2

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	1570	6.0	33502	54.0
SklUnd22			0	0.0
ICF/DD			5840	100.0
TOTALS	1570	6.0	39342	57.9

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

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

HEALTH SERVICE AREA 001
LTC PLANNING AREA 015

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	164
B. Total Admissions 2005	129
C. Total Discharges 2005	128
D. Residents on December 31, 2005	165

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	99	0	0	46	0	149
SklUnd22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Shelter			0	0	0	0	0
TOTALS	4	115	0	0	46	0	165

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiin or Pacific Islander	0	0	0	0	0
White	148	0	15	0	163
Unknown	0	0	0	0	0
Total	149	0	16	0	165
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	149	0	16	0	165
Unknown	0	0	0	0	0
Total	149	0	16	0	165

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	136	145
Skilled Under 22	0	0
Intermediate DD	120	120
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	4	4	0	0	0	0	0	0	0	0	4	4	8
45 to 59	0	0	2	4	0	0	0	0	0	0	0	0	2	4	6
60 to 64	0	0	4	5	0	0	0	0	0	0	0	0	4	5	9
65 to 74	0	0	6	11	0	0	0	0	1	2	0	0	7	13	20
75 to 84	2	1	12	16	0	0	0	0	3	6	0	0	17	23	40
85 _Over	1	0	5	42	0	0	0	0	6	28	0	0	12	70	82
TOTALS	3	1	33	82	0	0	0	0	10	36	0	0	46	119	165

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	8.55
LPN's	9.40
Certified Aides	68.41
Other Health Staff	4.00
Non-Health Staff	70.82
Totals	166.18

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

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

HEALTH SERVICE AREA	001
LTC PLANNING AREA	DeKalb
State of Illinois	
TOTAL FACILITIES	9
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	9
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	6
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	6

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	5
Chronic Alcoholism	6
Developmentally Disabled	4
Drug Addiction	6
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	4
Non-Ambulatory	1
Non-Mobile	0
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	1
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	48
Blood Disorders	5
*Nervous System	25
Alzheimer Disease	86
Mental Illness	16
Developmental Disability	81
Circulatory System	73
Respiratory System	50
Digestive System	16
Genitourinary System Disorders	11
Skin Disorders	6
Musculo-skeletal Disorders	74
Injuries and Poisonings	15
Other Medical Conditions	148
Non-Medical Conditions	35
TOTALS	699

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	735	731	638	731	588	374	669
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	76	75	74	75	74		76
Sheltered Care	49	49	37	49	37		
TOTAL BEDS	860	855	749	855	699	374	745

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	1	0	0	25	19	0	0	29	20	49
45 to 59	5	11	0	0	10	11	0	0	15	22	37
60 to 64	6	2	0	0	4	0	0	0	10	2	12
65 ro 74	18	32	0	0	3	1	0	3	21	36	57
75 to 84	73	156	0	0	1	0	4	21	78	177	255
85 _Over	66	214	0	0	0	0	0	9	66	223	289
TOTALS	172	416	0	0	43	31	4	33	219	480	699

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	21691	101548	91289	214528	80.0	80.4
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		26803	0	26803	96.6	97.9
Shelter			12468	12468	69.7	69.7
TOTALS	21691	128351	103757	253799	80.9	81.3

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	21691	15.9	101548	41.6
SklUnd22			0	0.0
ICF/DD			26803	96.6
TOTALS	21691	15.9	128351	47.2

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

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

HEALTH SERVICE AREA 001
LTC PLANNING AREA 037

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	699
B. Total Admissions 2005	1002
C. Total Discharges 2005	1002
D. Residents on December 31, 2005	699

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	51	290	0	2	245	0	588
SklUnd22	0	0	0	0	0	0	0
ICF/DD		74	0	0	0	0	74
Shelter			0	0	37	0	37
TOTALS	51	364	0	2	282	0	699

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Indian	0	0	0	0	0
Black	11	0	12	0	23
Hawaiin or Pacific Islander	0	0	0	0	0
White	576	0	62	37	675
Unknown	0	0	0	0	0
Total	588	0	74	37	699
ETHNICITY					
Hispanic	5	0	11	0	16
Not Hispanic	513	0	63	37	613
Unknown	70	0	0	0	70
Total	588	0	74	37	699

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	134
Skilled Under 22	0	0
Intermediate DD	145	140
Shelter	100	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	28	20	0	0	0	0	1	0	0	0	29	20	49
45 to 59	1	0	14	20	0	0	0	0	0	2	0	0	15	22	37
60 to 64	0	0	10	2	0	0	0	0	0	0	0	0	10	2	12
65 to 74	2	3	13	17	0	0	0	0	6	16	0	0	21	36	57
75 to 84	11	18	39	73	0	0	0	2	28	84	0	0	78	177	255
85 _Over	7	9	22	106	0	0	0	0	37	108	0	0	66	223	289
TOTALS	21	30	126	238	0	0	0	2	72	210	0	0	219	480	699

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	9.00
Physicians	0.00
Director of Nursing	8.00
Registered Nurses	66.02
LPN's	43.90
Certified Aides	258.70
Other Health Staff	38.19
Non-Health Staff	269.72
Totals	693.53

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

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

HEALTH SERVICE AREA	001
LTC PLANNING AREA	Jo Daviess
State of Illinois	
TOTAL FACILITIES	4
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	3
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	2
Chronic Alcoholism	1
Developmentally Disabled	2
Drug Addiction	2
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	2
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	1
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System	12
Alzheimer Disease	30
Mental Illness	0
Developmental Disability	16
Circulatory System	36
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	153

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	155	155	155	134	138	0	155
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	15	15	15	15	15		15
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	170	170	170	149	153	0	170

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	0	0	2	0	0	0	2	3	5
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 ro 74	4	1	0	0	0	1	0	0	4	2	6
75 to 84	14	31	0	0	1	1	0	0	15	32	47
85 _Over	17	66	0	0	0	0	0	0	17	66	83
TOTALS	35	103	0	0	7	8	0	0	42	111	153

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	0	20622	29013	49635	87.7	87.7
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5228	0	5228	95.5	95.5
Shelter			0	0	0.0	0.0
TOTALS	0	25850	29013	54863	88.4	88.4

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	0	#Div/0!	20622	36.5
SklUnd22			0	0.0
ICF/DD			5228	95.5
TOTALS	0	#Div/0!	25850	41.7

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

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

HEALTH SERVICE AREA 001
LTC PLANNING AREA 085

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	154
B. Total Admissions 2005	72
C. Total Discharges 2005	73
D. Residents on December 31, 2005	153

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	60	0	5	73	0	138
SklUnd22	0	0	0	0	0	0	0
ICF/DD		15	0	0	0	0	15
Shelter			0	0	0	0	0
TOTALS	0	75	0	5	73	0	153

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiin or Pacific Islander	0	0	0	0	0
White	138	0	14	0	152
Unknown	0	0	0	0	0
Total	138	0	15	0	153
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	138	0	15	0	153
Unknown	0	0	0	0	0
Total	138	0	15	0	153

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	124
Skilled Under 22	0	0
Intermediate DD	111	106
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	4	6	0	0	0	0	0	0	0	0	4	6	10
45 to 59	0	0	2	3	0	0	0	0	0	0	0	0	2	3	5
60 to 64	0	0	0	2	0	0	0	0	0	0	0	0	0	2	2
65 to 74	0	0	3	2	0	0	0	0	1	0	0	0	4	2	6
75 to 84	0	0	6	16	0	0	2	0	7	16	0	0	15	32	47
85 _Over	0	0	6	25	0	0	0	3	11	38	0	0	17	66	83
TOTALS	0	0	21	54	0	0	2	3	19	54	0	0	42	111	153

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.25
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	10.25
LPN's	11.25
Certified Aides	71.50
Other Health Staff	13.00
Non-Health Staff	32.00
Totals	144.25

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

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

HEALTH SERVICE AREA	001
LTC PLANNING AREA	Lee
State of Illinois	
TOTAL FACILITIES	17
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	16
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	4
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	12
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	13
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	2
Chronic Alcoholism	14
Developmentally Disabled	3
Drug Addiction	15
Medicaid Recipient	2
Medicare Recipient	2
Mental Illness	3
Non-Ambulatory	2
Non-Mobile	2
Public Aid Recipient	0
Under 65 Years Old	1
Unable to Self-Medicate	1
Other Restrictions	2
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	42
Blood Disorders	6
*Nervous System	35
Alzheimer Disease	23
Mental Illness	16
Developmental Disability	204
Circulatory System	72
Respiratory System	29
Digestive System	8
Genitourinary System Disorders	13
Skin Disorders	4
Musculo-skeletal Disorders	21
Injuries and Poisonings	25
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	509

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	355	349	305	344	268	133	340
Skilled Under 22	0	97	0	0	0		0
Intermediate DD	217	207	207	203	203		217
Sheltered Care	49	49	42	49	38		
TOTAL BEDS	621	702	554	596	509	133	557

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	0	0	0	52	31	0	0	55	31	86
45 to 59	1	5	0	0	47	36	0	0	48	41	89
60 to 64	2	0	0	0	11	3	0	0	13	3	16
65 ro 74	6	11	0	0	6	7	1	0	13	18	31
75 to 84	22	54	0	0	3	4	0	2	25	60	85
85 _Over	31	133	0	0	1	2	4	31	36	166	202
TOTALS	65	203	0	0	120	83	5	33	190	319	509

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	8544	54072	38197	100813	77.8	79.1
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		74571	365	74936	94.6	99.2
Shelter			14159	14159	79.2	79.2
TOTALS	8544	128643	52721	189908	83.8	74.1

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	8544	17.6	54072	43.6
SklUnd22			0	0.0
ICF/DD			74571	94.1
TOTALS	8544	17.6	128643	63.3

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

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

HEALTH SERVICE AREA 001
LTC PLANNING AREA 103

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	507
B. Total Admissions 2005	638
C. Total Discharges 2005	636
D. Residents on December 31, 2005	509

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	151	0	1	97	0	268
SklUnd22	0	0	0	0	0	0	0
ICF/DD		202	0	0	1	0	203
Shelter			0	0	38	0	38
TOTALS	19	353	0	1	136	0	509

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Indian	1	0	0	0	1
Black	1	0	16	0	17
Hawaiin or Pacific Islander	1	0	0	0	1
White	262	0	183	38	483
Unknown	3	0	3	0	6
Total	268	0	203	38	509
ETHNICITY					
Hispanic	0	0	5	0	5
Not Hispanic	108	0	168	38	314
Unknown	160	0	30	0	190
Total	268	0	203	38	509

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	205
Skilled Under 22	0	0
Intermediate DD	172	187
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	54	30	0	0	1	0	0	1	0	0	55	31	86
45 to 59	1	1	47	40	0	0	0	0	0	0	0	0	48	41	89
60 to 64	0	0	13	3	0	0	0	0	0	0	0	0	13	3	16
65 to 74	1	2	10	14	0	0	0	0	2	2	0	0	13	18	31
75 to 84	1	4	21	36	0	0	0	0	3	20	0	0	25	60	85
85 _Over	2	7	14	71	0	0	0	0	20	88	0	0	36	166	202
TOTALS	5	14	159	194	0	0	1	0	25	111	0	0	190	319	509

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	16.75
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	31.65
LPN's	45.35
Certified Aides	201.25
Other Health Staff	9.70
Non-Health Staff	277.20
Totals	588.90

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

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

HEALTH SERVICE AREA	001
LTC PLANNING AREA	Ogle
State of Illinois	
TOTAL FACILITIES	7
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	7
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	6
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	3
FOR PROFIT OWNERSHIP	4

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	3
Chronic Alcoholism	4
Developmentally Disabled	3
Drug Addiction	4
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	3
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	1
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	42
Blood Disorders	11
*Nervous System	13
Alzheimer Disease	103
Mental Illness	4
Developmental Disability	15
Circulatory System	98
Respiratory System	34
Digestive System	9
Genitourinary System Disorders	12
Skin Disorders	1
Musculo-skeletal Disorders	32
Injuries and Poisonings	26
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	434

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	553	540	439	538	419	291	554
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15		16
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	569	556	455	554	434	291	570

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	0	0	0	4	0	4
45 to 59	5	5	0	0	4	3	0	0	9	8	17
60 to 64	1	2	0	0	0	3	0	0	1	5	6
65 ro 74	14	15	0	0	0	1	0	0	14	16	30
75 to 84	35	102	0	0	0	0	0	0	35	102	137
85 _Over	47	193	0	0	0	0	0	0	47	193	240
TOTALS	102	317	0	0	8	7	0	0	110	324	434

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	15920	85120	53773	154813	76.7	78.5
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5748	0	5748	98.4	98.4
Shelter			0	0	0.0	0.0
TOTALS	15920	90868	53773	160561	77.3	79.1

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	15920	15.0	85120	42.1
SklUnd22			0	0.0
ICF/DD			5748	98.4
TOTALS	15920	15.0	90868	43.7

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

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

HEALTH SERVICE AREA 001
LTC PLANNING AREA 141

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	424
B. Total Admissions 2005	711
C. Total Discharges 2005	701
D. Residents on December 31, 2005	434

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	230	0	3	152	0	419
SklUnd22	0	0	0	0	0	0	0
ICF/DD		15	0	0	0	0	15
Shelter			0	0	0	0	0
TOTALS	34	245	0	3	152	0	434

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	1	0	0	0	1
Black	2	0	0	0	2
Hawaiin or Pacific Islander	0	0	0	0	0
White	416	0	15	0	431
Unknown	0	0	0	0	0
Total	419	0	15	0	434
ETHNICITY					
Hispanic	1	0	1	0	2
Not Hispanic	313	0	14	0	327
Unknown	105	0	0	0	105
Total	419	0	15	0	434

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	131
Skilled Under 22	0	0
Intermediate DD	110	110
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	4	0	0	0	0	0	0	0	0	0	4	0	4
45 to 59	0	0	8	7	0	0	0	0	1	1	0	0	9	8	17
60 to 64	0	0	0	4	0	0	0	0	1	1	0	0	1	5	6
65 to 74	1	2	9	14	0	0	1	0	3	0	0	0	14	16	30
75 to 84	4	12	16	58	0	0	1	0	14	32	0	0	35	102	137
85 _Over	4	11	17	108	0	0	0	1	26	73	0	0	47	193	240
TOTALS	9	25	54	191	0	0	2	1	45	107	0	0	110	324	434

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	0.00
Director of Nursing	8.00
Registered Nurses	26.20
LPN's	47.00
Certified Aides	179.10
Other Health Staff	15.30
Non-Health Staff	179.70
Totals	463.30

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

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

HEALTH SERVICE AREA	001
LTC PLANNING AREA	Stephenson
State of Illinois	
TOTAL FACILITIES	8
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	7
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	6
FOR PROFIT OWNERSHIP	1

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	3
Chronic Alcoholism	4
Developmentally Disabled	3
Drug Addiction	4
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	5
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	1
No Restrictions	2

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	25
Blood Disorders	0
*Nervous System	41
Alzheimer Disease	47
Mental Illness	5
Developmental Disability	34
Circulatory System	195
Respiratory System	53
Digestive System	36
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	27
Injuries and Poisonings	28
Other Medical Conditions	23
Non-Medical Conditions	21
TOTALS	549

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	588	563	527	563	490	319	534
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	32	32	32	32	32		32
Sheltered Care	44	34	31	27	27		
TOTAL BEDS	664	629	590	622	549	319	566

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	13	8	0	0	14	8	22
45 to 59	6	5	0	0	2	4	0	0	8	9	17
60 to 64	2	5	0	0	1	3	0	0	3	8	11
65 ro 74	21	19	0	0	0	1	0	0	21	20	41
75 to 84	56	123	0	0	0	0	0	4	56	127	183
85 _Over	49	203	0	0	0	0	3	20	52	223	275
TOTALS	135	355	0	0	16	16	3	24	154	395	549

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	22926	86440	68963	178329	83.1	86.8
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		11680	0	11680	100.0	100.0
Shelter			9514	9514	59.2	76.7
TOTALS	22926	98120	78477	199523	82.3	86.9

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	22926	19.7	86440	44.3
SklUnd22			0	0.0
ICF/DD			11680	100.0
TOTALS	22926	19.7	98120	47.5

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

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

HEALTH SERVICE AREA 001
LTC PLANNING AREA 177

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	568
B. Total Admissions 2005	1421
C. Total Discharges 2005	1440
D. Residents on December 31, 2005	549

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	60	249	2	2	174	3	490
SklUnd22	0	0	0	0	0	0	0
ICF/DD		32	0	0	0	0	32
Shelter			0	0	24	3	27
TOTALS	60	281	2	2	198	6	549

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	16	0	4	0	20
Hawaiin or Pacific Islander	0	0	0	0	0
White	474	0	28	27	529
Unknown	0	0	0	0	0
Total	490	0	32	27	549
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	490	0	32	27	549
Unknown	0	0	0	0	0
Total	490	0	32	27	549

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	159
Skilled Under 22	0	0
Intermediate DD	119	119
Shelter	66	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	14	8	0	0	0	0	0	0	0	0	14	8	22
45 to 59	0	0	8	9	0	0	0	0	0	0	0	0	8	9	17
60 to 64	0	0	2	8	0	0	0	0	1	0	0	0	3	8	11
65 to 74	9	1	11	18	1	0	0	0	0	1	0	0	21	20	41
75 to 84	10	14	30	83	1	0	0	0	13	30	2	0	56	127	183
85 _Over	5	21	22	68	0	0	0	2	22	103	3	29	52	223	275
TOTALS	24	36	87	194	2	0	0	2	36	134	5	29	154	395	549

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	0.00
Director of Nursing	6.00
Registered Nurses	52.50
LPN's	69.00
Certified Aides	214.00
Other Health Staff	24.00
Non-Health Staff	136.50
Totals	510.00

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

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

HEALTH SERVICE AREA	001
LTC PLANNING AREA	Whiteside
State of Illinois	
TOTAL FACILITIES	17
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	17
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	9
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	4
MULTI-LICENSED FACILITIES	3
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	9
FOR PROFIT OWNERSHIP	7

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	9
Chronic Alcoholism	10
Developmentally Disabled	4
Drug Addiction	11
Medicaid Recipient	1
Medicare Recipient	2
Mental Illness	5
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	1
Under 65 Years Old	1
Unable to Self-Medicate	1
Other Restrictions	1
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	15
Endocrine/Metabolic	30
Blood Disorders	2
*Nervous System	79
Alzheimer Disease	58
Mental Illness	156
Developmental Disability	149
Circulatory System	146
Respiratory System	33
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	76
Injuries and Poisonings	66
Other Medical Conditions	34
Non-Medical Conditions	15
TOTALS	864

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	819	798	735	798	681	348	822
Skilled Under 22	85	85	82	85	81		79
Intermediate DD	64	64	64	64	63		64
Sheltered Care	60	46	43	45	39		
TOTAL BEDS	1028	993	924	992	864	348	965

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	51	17	37	32	13	16	0	0	101	65	166
45 to 59	54	37	6	6	6	14	0	0	66	57	123
60 to 64	9	13	0	0	2	4	0	0	11	17	28
65 ro 74	24	40	0	0	1	4	0	0	25	44	69
75 to 84	53	116	0	0	1	2	0	10	54	128	182
85 _Over	56	211	0	0	0	0	8	21	64	232	296
TOTALS	247	434	43	38	23	40	8	31	321	543	864

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	14479	163633	73502	251614	84.2	86.4
SklUnd22	0	28776	0	28776	92.8	92.8
ICF/DD		21916	0	21916	93.8	93.8
Shelter			15172	15172	69.3	90.4
TOTALS	14479	214325	88674	317478	84.6	87.6

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	14479	11.4	163633	54.5
SklUnd22			28776	99.8
ICF/DD			21916	93.8
TOTALS	14479	11.4	214325	60.8

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

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

HEALTH SERVICE AREA 001
LTC PLANNING AREA 195

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	911
B. Total Admissions 2005	675
C. Total Discharges 2005	722
D. Residents on December 31, 2005	864

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	442	2	2	194	0	681
SklUnd22	0	81	0	0	0	0	81
ICF/DD		63	0	0	0	0	63
Shelter			0	0	39	0	39
TOTALS	41	586	2	2	233	0	864

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Indian	0	0	0	0	0
Black	18	6	6	0	30
Hawaiin or Pacific Islander	0	0	0	0	0
White	660	75	57	39	831
Unknown	2	0	0	0	2
Total	681	81	63	39	864
ETHNICITY					
Hispanic	18	6	3	0	27
Not Hispanic	663	74	60	39	836
Unknown	0	1	0	0	1
Total	681	81	63	39	864

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	124
Skilled Under 22	204	164
Intermediate DD	117	133
Shelter	88	82

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	98	64	1	0	0	0	1	1	0	0	101	65	166
45 to 59	0	2	60	52	0	0	2	0	4	3	0	0	66	57	123
60 to 64	0	1	11	16	0	0	0	0	0	0	0	0	11	17	28
65 to 74	2	4	21	35	0	0	0	0	2	5	0	0	25	44	69
75 to 84	4	8	31	74	1	0	0	0	18	46	0	0	54	128	182
85 _Over	6	13	20	104	0	0	0	0	38	115	0	0	64	232	296
TOTALS	13	28	241	345	2	0	2	0	63	170	0	0	321	543	864

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	16.00
Physicians	0.00
Director of Nursing	13.00
Registered Nurses	61.08
LPN's	78.16
Certified Aides	372.60
Other Health Staff	68.50
Non-Health Staff	354.61
Totals	963.95

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

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

HEALTH SERVICE AREA	001
LTC PLANNING AREA	Winnebago
State of Illinois	
TOTAL FACILITIES	30
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	29
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	13
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	10
MULTI-LICENSED FACILITIES	6
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	2
NON-PROFIT OWNERSHIP	18
FOR PROFIT OWNERSHIP	10

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	17
Chronic Alcoholism	21
Developmentally Disabled	10
Drug Addiction	26
Medicaid Recipient	1
Medicare Recipient	2
Mental Illness	21
Non-Ambulatory	0
Non-Mobile	3
Public Aid Recipient	3
Under 65 Years Old	0
Unable to Self-Medicate	2
Other Restrictions	4
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	38
Endocrine/Metabolic	168
Blood Disorders	12
*Nervous System	96
Alzheimer Disease	272
Mental Illness	361
Developmental Disability	271
Circulatory System	530
Respiratory System	167
Digestive System	53
Genitourinary System Disorders	44
Skin Disorders	19
Musculo-skeletal Disorders	194
Injuries and Poisonings	92
Other Medical Conditions	141
Non-Medical Conditions	28
TOTALS	2486

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	2410	2322	2087	2346	1903	1110	2105
Skilled Under 22	93	93	85	93	81		93
Intermediate DD	180	180	180	180	180		180
Sheltered Care	489	476	353	476	322		
TOTAL BEDS	3172	3071	2705	3095	2486	1110	2378

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	28	12	0	0	0	0	28	12	40
18 to 44	61	41	26	15	58	51	0	0	145	107	252
45 to 59	111	94	0	0	31	19	1	3	143	116	259
60 to 64	37	36	0	0	8	7	0	0	45	43	88
65 ro 74	90	134	0	0	1	4	2	5	93	143	236
75 to 84	166	367	0	0	1	0	22	81	189	448	637
85 _Over	136	630	0	0	0	0	57	151	193	781	974
TOTALS	601	1302	54	27	99	81	82	240	836	1650	2486

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	90638	423208	188675	702521	79.9	82.9
SklUnd22	0	30246	410	30656	90.3	90.3
ICF/DD		64617	0	64617	98.4	98.4
Shelter			128382	128382	71.9	73.9
TOTALS	90638	518071	317467	926176	80.0	82.6

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	90638	22.4	423208	55.1
SklUnd22			30246	89.1
ICF/DD			64617	98.4
TOTALS	90638	22.4	518071	59.7

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

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

HEALTH SERVICE AREA 001
LTC PLANNING AREA 201

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	2455
B. Total Admissions 2005	5616
C. Total Discharges 2005	5585
D. Residents on December 31, 2005	2486

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	254	1123	64	48	414	0	1903
SklUnd22	0	80	0	0	1	0	81
ICF/DD		179	0	0	1	0	180
Shelter			0	2	313	7	322
TOTALS	254	1382	64	50	729	7	2486

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	2	3	0	8
Indian	0	0	0	0	0
Black	184	17	28	0	229
Hawaiin or Pacific Islander	2	0	2	0	4
White	1681	58	147	322	2208
Unknown	33	4	0	0	37
Total	1903	81	180	322	2486
ETHNICITY					
Hispanic	21	4	8	0	33
Not Hispanic	1649	77	172	322	2220
Unknown	233	0	0	0	233
Total	1903	81	180	322	2486

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	206	174
Skilled Under 22	190	171
Intermediate DD	163	152
Shelter	115	84

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	28	12	0	0	0	0	0	0	0	0	28	12	40
18 to 44	5	4	116	89	20	12	2	1	2	1	0	0	145	107	252
45 to 59	7	9	112	88	18	8	1	3	5	8	0	0	143	116	259
60 to 64	5	8	36	25	1	3	1	4	2	3	0	0	45	43	88
65 to 74	16	24	57	103	1	0	3	3	16	13	0	0	93	143	236
75 to 84	39	62	90	211	0	0	4	8	55	164	1	3	189	448	637
85 _Over	16	59	61	354	0	1	4	16	112	348	0	3	193	781	974
TOTALS	88	166	500	882	40	24	15	35	192	537	1	6	836	1650	2486

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	45.50
Physicians	6.40
Director of Nursing	21.00
Registered Nurses	175.65
LPN's	262.70
Certified Aides	1007.40
Other Health Staff	146.40
Non-Health Staff	812.95
Totals	2478.00

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

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

HEALTH SERVICE AREA	002
LTC PLANNING AREA	Bureau/Putnam
State of Illinois	
TOTAL FACILITIES	7
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	6
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	3
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	5
Chronic Alcoholism	4
Developmentally Disabled	4
Drug Addiction	6
Medicaid Recipient	2
Medicare Recipient	1
Mental Illness	5
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	37
Blood Disorders	3
*Nervous System	17
Alzheimer Disease	60
Mental Illness	7
Developmental Disability	3
Circulatory System	121
Respiratory System	17
Digestive System	7
Genitourinary System Disorders	3
Skin Disorders	6
Musculo-skeletal Disorders	31
Injuries and Poisonings	11
Other Medical Conditions	21
Non-Medical Conditions	43
TOTALS	394

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	463	463	397	463	339	207	456
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0		0
Sheltered Care	83	79	55	79	55		
TOTAL BEDS	546	542	452	542	394	207	456

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	6	0	0	0	0	0	0	6	6	12
60 to 64	3	10	0	0	0	0	0	0	3	10	13
65 ro 74	17	17	0	0	0	0	0	0	17	17	34
75 to 84	33	73	0	0	0	0	1	12	34	85	119
85 _Over	32	142	0	0	0	0	7	35	39	177	216
TOTALS	91	248	0	0	0	0	8	47	99	295	394

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	15548	66830	40847	123225	72.9	72.9
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			17497	17497	57.8	60.7
TOTALS	15548	66830	58344	140722	70.6	71.1

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	15548	20.6	66830	40.2
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	15548	20.6	66830	40.2

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

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

HEALTH SERVICE AREA 002
LTC PLANNING AREA 011

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	365
B. Total Admissions 2005	890
C. Total Discharges 2005	861
D. Residents on December 31, 2005	394

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	186	0	4	113	0	339
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	52	3	55
TOTALS	36	186	0	4	165	3	394

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiin or Pacific Islander	0	0	0	0	0
White	336	0	0	55	391
Unknown	1	0	0	0	1
Total	339	0	0	55	394
ETHNICITY					
Hispanic	6	0	0	0	6
Not Hispanic	333	0	0	55	388
Unknown	0	0	0	0	0
Total	339	0	0	55	394

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	166
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	87	57

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	5	5	0	0	0	0	0	1	0	0	6	6	12
60 to 64	0	3	1	5	0	0	1	1	1	1	0	0	3	10	13
65 to 74	1	3	15	12	0	0	0	1	1	1	0	0	17	17	34
75 to 84	4	7	17	42	0	0	0	1	13	35	0	0	34	85	119
85 _Over	5	12	12	72	0	0	0	0	22	90	0	3	39	177	216
TOTALS	11	25	50	136	0	0	1	3	37	128	0	3	99	295	394

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	6.30
Physicians	1.00
Director of Nursing	6.00
Registered Nurses	38.04
LPN's	36.97
Certified Aides	136.46
Other Health Staff	39.01
Non-Health Staff	89.00
Totals	352.78

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

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

HEALTH SERVICE AREA	002
LTC PLANNING AREA	Fulton
State of Illinois	
TOTAL FACILITIES	11
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	10
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	8
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	8

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	3
Chronic Alcoholism	5
Developmentally Disabled	4
Drug Addiction	5
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-Medicate	0
Other Restrictions	1
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	28
Endocrine/Metabolic	55
Blood Disorders	9
*Nervous System	50
Alzheimer Disease	86
Mental Illness	80
Developmental Disability	80
Circulatory System	90
Respiratory System	49
Digestive System	6
Genitourinary System Disorders	11
Skin Disorders	2
Musculo-skeletal Disorders	60
Injuries and Poisonings	10
Other Medical Conditions	21
Non-Medical Conditions	1
TOTALS	638

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	734	715	608	700	562	423	649
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	76	76	72	75	71		66
Sheltered Care	16	7	7	5	5		
TOTAL BEDS	826	798	687	780	638	423	715

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	6	9	0	0	6	9	15
18 to 44	4	6	0	0	20	25	0	0	24	31	55
45 to 59	27	17	0	0	5	3	0	0	32	20	52
60 to 64	9	10	0	0	0	1	0	0	9	11	20
65 ro 74	18	42	0	0	0	1	0	0	18	43	61
75 to 84	43	137	0	0	0	1	0	0	43	138	181
85 _Over	40	210	0	0	0	0	2	2	42	212	254
TOTALS	141	422	0	0	31	40	2	2	174	464	638

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	23851	117171	62497	203519	76.0	78.0
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		24178	0	24178	87.2	87.2
Shelter			1691	1691	29.0	66.2
TOTALS	23851	141349	64188	229388	76.1	78.8

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	23851	15.4	117171	49.5
SklUnd22			0	0.0
ICF/DD			24178	100.4
TOTALS	23851	15.4	141349	54.2

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

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

HEALTH SERVICE AREA 002
LTC PLANNING AREA 057

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	626
B. Total Admissions 2005	963
C. Total Discharges 2005	951
D. Residents on December 31, 2005	638

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	53	333	0	5	171	0	562
SklUnd22	0	0	0	0	0	0	0
ICF/DD		71	0	0	0	0	71
Shelter			0	0	5	0	5
TOTALS	53	404	0	5	176	0	638

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Indian	0	0	0	0	0
Black	3	0	26	0	29
Hawaiin or Pacific Islander	1	0	0	0	1
White	552	6	41	5	604
Unknown	0	0	3	0	3
Total	556	6	71	5	638
ETHNICITY					
Hispanic	1	0	3	0	4
Not Hispanic	561	0	68	5	634
Unknown	0	0	0	0	0
Total	562	0	71	5	638

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	136	115
Skilled Under 22	150	135
Intermediate DD	149	140
Shelter	116	116

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	6	9	0	0	0	0	0	0	0	0	6	9	15
18 to 44	0	0	24	31	0	0	0	0	0	0	0	0	24	31	55
45 to 59	0	0	32	18	0	0	0	1	0	1	0	0	32	20	52
60 to 64	1	1	6	7	0	0	1	0	1	3	0	0	9	11	20
65 to 74	1	1	16	39	0	0	0	0	1	3	0	0	18	43	61
75 to 84	6	18	24	80	0	0	0	2	13	38	0	0	43	138	181
85 _Over	5	20	11	101	0	0	0	1	26	90	0	0	42	212	254
TOTALS	13	40	119	285	0	0	1	4	41	135	0	0	174	464	638

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.25
Physicians	0.00
Director of Nursing	10.00
Registered Nurses	39.25
LPN's	85.00
Certified Aides	283.25
Other Health Staff	30.00
Non-Health Staff	241.00
Totals	698.75

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

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

HEALTH SERVICE AREA	002
LTC PLANNING AREA	Henderson/Warren
State of Illinois	
TOTAL FACILITIES	4
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	3
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	4
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	2
Drug Addiction	3
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	2
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System	19
Alzheimer Disease	44
Mental Illness	2
Developmental Disability	2
Circulatory System	51
Respiratory System	10
Digestive System	7
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	34
Injuries and Poisonings	1
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	203

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	257	234	220	236	203	114	238
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	257	234	220	236	203	114	238

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	4	0	0	0	0	0	0	5	4	9
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 ro 74	7	13	0	0	0	0	0	0	7	13	20
75 to 84	20	51	0	0	0	0	0	0	20	51	71
85 _Over	17	80	0	0	0	0	0	0	17	80	97
TOTALS	50	153	0	0	0	0	0	0	50	153	203

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	6135	33543	34825	74503	79.4	87.2
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			0	0	0.0	0.0
TOTALS	6135	33543	34825	74503	79.4	87.2

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	6135	14.7	33543	38.6
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	6135	14.7	33543	38.6

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

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

HEALTH SERVICE AREA 002
LTC PLANNING AREA 071

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	210
B. Total Admissions 2005	171
C. Total Discharges 2005	178
D. Residents on December 31, 2005	203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	89	0	1	95	0	203
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	0	0	0
TOTALS	18	89	0	1	95	0	203

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiin or Pacific Islander	0	0	0	0	0
White	200	0	0	0	200
Unknown	0	0	0	0	0
Total	203	0	0	0	203
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	203	0	0	0	203
Unknown	0	0	0	0	0
Total	203	0	0	0	203

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	137	111
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	1	0	0	0	0	0	0	0	0	0	1	1
45 to 59	0	0	5	4	0	0	0	0	0	0	0	0	5	4	9
60 to 64	0	0	1	3	0	0	0	0	0	1	0	0	1	4	5
65 to 74	0	1	6	6	0	0	0	0	1	6	0	0	7	13	20
75 to 84	6	5	4	20	0	0	0	1	10	25	0	0	20	51	71
85 _Over	1	5	4	35	0	0	0	0	12	40	0	0	17	80	97
TOTALS	7	11	20	69	0	0	0	1	23	72	0	0	50	153	203

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	0.10
Director of Nursing	4.00
Registered Nurses	10.10
LPN's	26.70
Certified Aides	74.20
Other Health Staff	4.00
Non-Health Staff	66.05
Totals	189.15

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

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

HEALTH SERVICE AREA	002
LTC PLANNING AREA	Knox
State of Illinois	
TOTAL FACILITIES	17
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	16
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	9
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	7
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	10
FOR PROFIT OWNERSHIP	6

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	7
Chronic Alcoholism	5
Developmentally Disabled	5
Drug Addiction	5
Medicaid Recipient	1
Medicare Recipient	2
Mental Illness	5
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	1
Other Restrictions	0
No Restrictions	7

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	11
Endocrine/Metabolic	50
Blood Disorders	5
*Nervous System	44
Alzheimer Disease	117
Mental Illness	30
Developmental Disability	300
Circulatory System	152
Respiratory System	56
Digestive System	16
Genitourinary System Disorders	17
Skin Disorders	7
Musculo-skeletal Disorders	68
Injuries and Poisonings	49
Other Medical Conditions	55
Non-Medical Conditions	39
TOTALS	1016

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1015	1015	771	1015	678	752	809
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	351	311	305	311	299		351
Sheltered Care	68	68	39	68	39		
TOTAL BEDS	1434	1394	1115	1394	1016	752	1160

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	4	0	0	49	37	0	0	56	41	97
45 to 59	8	12	0	0	61	57	0	0	69	69	138
60 to 64	9	15	0	0	20	19	0	0	29	34	63
65 ro 74	36	44	0	0	21	13	1	0	58	57	115
75 to 84	56	177	0	0	14	5	4	11	74	193	267
85 _Over	64	246	0	0	1	2	6	17	71	265	336
TOTALS	180	498	0	0	166	133	11	28	357	659	1016

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	34037	141692	76904	252633	68.2	68.2
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		103300	365	103665	80.9	91.3
Shelter			13969	13969	56.3	56.3
TOTALS	34037	244992	91238	370267	70.7	72.8

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	34037	12.4	141692	48.0
SklUnd22			0	0.0
ICF/DD			103300	80.6
TOTALS	34037	12.4	244992	57.9

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

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

HEALTH SERVICE AREA 002
LTC PLANNING AREA 095

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	1053
B. Total Admissions 2005	1838
C. Total Discharges 2005	1875
D. Residents on December 31, 2005	1016

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	89	377	4	15	193	0	678
SklUnd22	0	0	0	0	0	0	0
ICF/DD		298	0	0	1	0	299
Shelter			0	0	39	0	39
TOTALS	89	675	4	15	233	0	1016

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	3	0	4
Indian	0	0	1	0	1
Black	14	0	33	0	47
Hawaiin or Pacific Islander	0	0	0	0	0
White	661	0	262	39	962
Unknown	2	0	0	0	2
Total	678	0	299	39	1016
ETHNICITY					
Hispanic	7	0	4	0	11
Not Hispanic	652	0	295	39	986
Unknown	19	0	0	0	19
Total	678	0	299	39	1016

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	167	142
Skilled Under 22	0	0
Intermediate DD	113	113
Shelter	105	95

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	54	40	0	0	2	1	0	0	0	0	56	41	97
45 to 59	2	1	64	67	1	0	1	0	1	1	0	0	69	69	138
60 to 64	0	3	28	30	0	0	1	1	0	0	0	0	29	34	63
65 to 74	5	11	46	43	1	0	1	0	5	3	0	0	58	57	115
75 to 84	8	25	43	99	0	1	1	1	22	67	0	0	74	193	267
85 _Over	8	26	31	130	0	1	0	6	32	102	0	0	71	265	336
TOTALS	23	66	266	409	2	2	6	9	60	173	0	0	357	659	1016

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	17.00
Physicians	0.00
Director of Nursing	10.00
Registered Nurses	53.10
LPN's	113.50
Certified Aides	401.50
Other Health Staff	77.80
Non-Health Staff	370.10
Totals	1043.00

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

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

HEALTH SERVICE AREA	002
LTC PLANNING AREA	LaSalle
State of Illinois	
TOTAL FACILITIES	17
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	16
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	12
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	4
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	2
NON-PROFIT OWNERSHIP	6
FOR PROFIT OWNERSHIP	9

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	9
Chronic Alcoholism	6
Developmentally Disabled	7
Drug Addiction	11
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	8
Non-Ambulatory	2
Non-Mobile	3
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	1
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	23
Endocrine/Metabolic	64
Blood Disorders	9
*Nervous System	97
Alzheimer Disease	161
Mental Illness	49
Developmental Disability	65
Circulatory System	196
Respiratory System	83
Digestive System	31
Genitourinary System Disorders	31
Skin Disorders	15
Musculo-skeletal Disorders	89
Injuries and Poisonings	28
Other Medical Conditions	255
Non-Medical Conditions	3
TOTALS	1199

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1412	1392	1262	1386	1130	917	1205
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	64	64	64	63	63		63
Sheltered Care	14	12	7	12	6		
TOTAL BEDS	1490	1468	1333	1461	1199	917	1268

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	21	21	0	0	22	24	46
45 to 59	19	9	0	0	11	7	0	0	30	16	46
60 to 64	16	9	0	0	1	1	0	0	17	10	27
65 ro 74	46	50	0	0	0	1	0	0	46	51	97
75 to 84	140	247	0	0	0	0	0	2	140	249	389
85 _Over	131	459	0	0	0	0	1	3	132	462	594
TOTALS	353	777	0	0	33	30	1	5	387	812	1199

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	63845	209939	142778	416562	80.8	82.0
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		22803	0	22803	97.6	97.6
Shelter			1929	1929	37.7	44.0
TOTALS	63845	232742	144707	441294	81.1	82.4

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	63845	19.1	209939	47.7
SklUnd22			0	0.0
ICF/DD			22803	99.2
TOTALS	63845	19.1	232742	50.3

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

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

HEALTH SERVICE AREA 002
LTC PLANNING AREA 099

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	1230
B. Total Admissions 2005	1766
C. Total Discharges 2005	1797
D. Residents on December 31, 2005	1199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	154	541	21	3	411	0	1130
SklUnd22	0	0	0	0	0	0	0
ICF/DD		63	0	0	0	0	63
Shelter			0	0	6	0	6
TOTALS	154	604	21	3	417	0	1199

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	2	0	0	0	2
Black	4	0	4	0	8
Hawaiin or Pacific Islander	1	0	0	0	1
White	1120	0	59	6	1185
Unknown	3	0	0	0	3
Total	1130	0	63	6	1199
ETHNICITY					
Hispanic	5	0	1	0	6
Not Hispanic	1125	0	62	6	1193
Unknown	0	0	0	0	0
Total	1130	0	63	6	1199

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	151	129
Skilled Under 22	0	0
Intermediate DD	116	121
Shelter	80	66

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	22	24	0	0	0	0	0	0	0	0	22	24	46
45 to 59	0	1	24	15	1	0	0	0	5	0	0	0	30	16	46
60 to 64	3	1	9	6	0	0	0	0	4	3	1	0	17	10	27
65 to 74	7	12	23	29	0	1	1	0	15	8	0	1	46	51	97
75 to 84	25	40	53	129	0	0	1	0	59	77	2	3	140	249	389
85 _Over	16	49	39	231	0	0	1	0	72	174	4	8	132	462	594
TOTALS	51	103	170	434	1	1	3	0	155	262	7	12	387	812	1199

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	17.00
Physicians	2.00
Director of Nursing	13.00
Registered Nurses	98.28
LPN's	112.85
Certified Aides	443.12
Other Health Staff	69.10
Non-Health Staff	419.70
Totals	1175.05

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

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

HEALTH SERVICE AREA	002
LTC PLANNING AREA	McDonough
State of Illinois	
TOTAL FACILITIES	6
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	5
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	6
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	1
Chronic Alcoholism	2
Developmentally Disabled	2
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	3
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	1
Under 65 Years Old	1
Unable to Self-Medicate	0
Other Restrictions	1
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	17
Blood Disorders	1
*Nervous System	44
Alzheimer Disease	37
Mental Illness	26
Developmental Disability	2
Circulatory System	79
Respiratory System	22
Digestive System	2
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	21
Injuries and Poisonings	16
Other Medical Conditions	33
Non-Medical Conditions	0
TOTALS	321

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	372	364	342	364	321	105	311
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	372	364	342	364	321	105	311

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	5	0	0	0	0	0	0	3	5	8
65 ro 74	10	11	0	0	0	0	0	0	10	11	21
75 to 84	29	82	0	0	0	0	0	0	29	82	111
85 _Over	31	141	0	0	0	0	0	0	31	141	172
TOTALS	76	245	0	0	0	0	0	0	76	245	321

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	16199	59885	37538	113622	83.7	85.5
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			0	0	0.0	0.0
TOTALS	16199	59885	37538	113622	83.7	85.5

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	16199	42.3	59885	52.8
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	16199	42.3	59885	52.8

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

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

HEALTH SERVICE AREA 002
LTC PLANNING AREA 109

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	312
B. Total Admissions 2005	791
C. Total Discharges 2005	782
D. Residents on December 31, 2005	321

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	45	164	0	0	112	0	321
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	0	0	0
TOTALS	45	164	0	0	112	0	321

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Indian	1	0	0	0	1
Black	4	0	0	0	4
Hawaiin or Pacific Islander	0	0	0	0	0
White	315	0	0	0	315
Unknown	0	0	0	0	0
Total	321	0	0	0	321
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	321	0	0	0	321
Unknown	0	0	0	0	0
Total	321	0	0	0	321

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	198	181
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	2	5	0	0	0	0	0	0	0	0	3	6	9
60 to 64	0	2	3	3	0	0	0	0	0	0	0	0	3	5	8
65 to 74	2	1	7	8	0	0	0	0	1	2	0	0	10	11	21
75 to 84	5	15	18	34	0	0	0	0	6	33	0	0	29	82	111
85 _Over	6	12	10	74	0	0	0	0	15	55	0	0	31	141	172
TOTALS	14	31	40	124	0	0	0	0	22	90	0	0	76	245	321

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.00
Physicians	0.00
Director of Nursing	6.00
Registered Nurses	37.11
LPN's	45.00
Certified Aides	168.34
Other Health Staff	26.72
Non-Health Staff	170.21
Totals	458.38

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

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

HEALTH SERVICE AREA	002
LTC PLANNING AREA	Marshall/Stark
State of Illinois	
TOTAL FACILITIES	4
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	4
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	4
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	2
Chronic Alcoholism	2
Developmentally Disabled	2
Drug Addiction	3
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	2
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	31
Blood Disorders	1
*Nervous System	17
Alzheimer Disease	110
Mental Illness	28
Developmental Disability	0
Circulatory System	73
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	25
Injuries and Poisonings	11
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	352

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	427	402	379	395	352	213	353
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	427	402	379	395	352	213	353

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	9	0	0	0	0	0	0	7	9	16
60 to 64	5	10	0	0	0	0	0	0	5	10	15
65 ro 74	18	21	0	0	0	0	0	0	18	21	39
75 to 84	29	63	0	0	0	0	0	0	29	63	92
85 _Over	32	154	0	0	0	0	0	0	32	154	186
TOTALS	92	260	0	0	0	0	0	0	92	260	352

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	10005	71977	47008	128990	82.8	87.9
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			224	224	0.0	0.0
TOTALS	10005	71977	47232	129214	82.9	88.1

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	10005	12.9	71977	55.9
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	10005	12.9	71977	55.9

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

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

HEALTH SERVICE AREA 002
LTC PLANNING AREA 123

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	368
B. Total Admissions 2005	323
C. Total Discharges 2005	339
D. Residents on December 31, 2005	352

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	195	0	3	125	0	352
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	0	0	0
TOTALS	29	195	0	3	125	0	352

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiin or Pacific Islander	2	0	0	0	2
White	349	0	0	0	349
Unknown	0	0	0	0	0
Total	352	0	0	0	352
ETHNICITY					
Hispanic	1	0	0	0	1
Not Hispanic	155	0	0	0	155
Unknown	196	0	0	0	196
Total	352	0	0	0	352

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	149	131
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	136	101

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	1	3	0	0	0	0	0	0	0	0	1	3	4
45 to 59	1	0	5	9	0	0	0	0	1	0	0	0	7	9	16
60 to 64	1	1	4	6	0	0	0	0	0	3	0	0	5	10	15
65 to 74	2	4	12	9	0	0	1	0	3	8	0	0	18	21	39
75 to 84	3	4	14	39	0	0	1	1	11	19	0	0	29	63	92
85 _Over	3	10	8	85	0	0	0	0	21	59	0	0	32	154	186
TOTALS	10	19	44	151	0	0	2	1	36	89	0	0	92	260	352

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	25.00
LPN's	28.00
Certified Aides	102.00
Other Health Staff	45.00
Non-Health Staff	103.00
Totals	311.00

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

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

HEALTH SERVICE AREA	002
LTC PLANNING AREA	Peoria
State of Illinois	
TOTAL FACILITIES	23
HOSPITAL BASED UNITS	2
FREE STANDING FACILITIES	21
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	14
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	7
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	14
FOR PROFIT OWNERSHIP	8

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	9
Chronic Alcoholism	11
Developmentally Disabled	5
Drug Addiction	13
Medicaid Recipient	3
Medicare Recipient	2
Mental Illness	9
Non-Ambulatory	1
Non-Mobile	3
Public Aid Recipient	6
Under 65 Years Old	2
Unable to Self-Medicate	3
Other Restrictions	3
No Restrictions	5

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	24
Endocrine/Metabolic	52
Blood Disorders	9
*Nervous System	76
Alzheimer Disease	195
Mental Illness	305
Developmental Disability	61
Circulatory System	225
Respiratory System	109
Digestive System	43
Genitourinary System Disorders	41
Skin Disorders	37
Musculo-skeletal Disorders	98
Injuries and Poisonings	172
Other Medical Conditions	156
Non-Medical Conditions	8
TOTALS	1611

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1796	1786	1657	1772	1534	698	1322
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	61	61	57	61	55		61
Sheltered Care	30	28	24	24	22		
TOTAL BEDS	1887	1875	1738	1857	1611	698	1383

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	75	48	0	0	11	8	0	0	86	56	142
45 to 59	129	72	0	0	14	15	0	1	143	88	231
60 to 64	56	71	0	0	0	2	0	0	56	73	129
65 ro 74	75	88	0	0	1	0	0	0	76	88	164
75 to 84	102	265	0	0	3	0	0	5	105	270	375
85 _Over	91	462	0	0	0	1	5	11	96	474	570
TOTALS	528	1006	0	0	29	26	5	17	562	1049	1611

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	58393	340057	172197	570647	87.0	87.5
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		20268	0	20268	91.0	91.0
Shelter			906	906	8.3	8.9
TOTALS	58393	360325	173103	591821	85.9	86.5

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	58393	22.9	340057	70.5
SklUnd22			0	0.0
ICF/DD			20268	91.0
TOTALS	58393	22.9	360325	71.4

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

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

HEALTH SERVICE AREA 002
LTC PLANNING AREA 143

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	1635
B. Total Admissions 2005	3119
C. Total Discharges 2005	3143
D. Residents on December 31, 2005	1611

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	135	919	5	29	446	0	1534
SklUnd22	0	0	0	0	0	0	0
ICF/DD		55	0	0	0	0	55
Shelter			0	0	22	0	22
TOTALS	135	974	5	29	468	0	1611

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Indian	3	0	0	0	3
Black	139	0	8	0	147
Hawaiin or Pacific Islander	1	0	0	0	1
White	1362	0	47	22	1431
Unknown	28	0	0	0	28
Total	1534	0	55	22	1611
ETHNICITY					
Hispanic	10	0	0	0	10
Not Hispanic	1357	0	55	22	1434
Unknown	167	0	0	0	167
Total	1534	0	55	22	1611

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	223	184
Skilled Under 22	0	0
Intermediate DD	175	107
Shelter	77	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	84	55	1	0	0	0	0	0	0	0	86	56	142
45 to 59	1	3	137	79	1	0	3	0	1	6	0	0	143	88	231
60 to 64	0	1	54	67	0	0	0	2	2	3	0	0	56	73	129
65 to 74	18	10	45	59	1	0	3	2	9	17	0	0	76	88	164
75 to 84	20	32	47	133	0	1	9	2	29	102	0	0	105	270	375
85 _Over	13	35	35	179	0	1	2	6	46	253	0	0	96	474	570
TOTALS	53	82	402	572	3	2	17	12	87	381	0	0	562	1049	1611

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	25.00
Physicians	1.00
Director of Nursing	16.00
Registered Nurses	118.47
LPN's	159.80
Certified Aides	561.58
Other Health Staff	102.00
Non-Health Staff	458.44
Totals	1442.29

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

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

HEALTH SERVICE AREA	002
LTC PLANNING AREA	Tazewell
State of Illinois	
TOTAL FACILITIES	20
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	19
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	12
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	7
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	8
FOR PROFIT OWNERSHIP	11

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	8
Chronic Alcoholism	10
Developmentally Disabled	7
Drug Addiction	12
Medicaid Recipient	2
Medicare Recipient	2
Mental Illness	10
Non-Ambulatory	3
Non-Mobile	3
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	2
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	24
Endocrine/Metabolic	83
Blood Disorders	13
*Nervous System	89
Alzheimer Disease	151
Mental Illness	63
Developmental Disability	202
Circulatory System	223
Respiratory System	72
Digestive System	47
Genitourinary System Disorders	21
Skin Disorders	15
Musculo-skeletal Disorders	106
Injuries and Poisonings	54
Other Medical Conditions	93
Non-Medical Conditions	0
TOTALS	1256

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1396	1319	1220	1294	1054	908	1202
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	194	194	192	194	189		194
Sheltered Care	26	24	24	24	13		
TOTAL BEDS	1616	1537	1436	1512	1256	908	1396

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	1	0	50	46	0	0	55	50	105
45 to 59	20	21	0	1	29	34	0	0	49	56	105
60 to 64	13	27	0	0	4	8	0	0	17	35	52
65 ro 74	55	100	0	0	5	7	0	0	60	107	167
75 to 84	98	305	0	1	3	2	0	4	101	312	413
85 _Over	77	324	0	3	0	1	5	4	82	332	414
TOTALS	267	781	1	5	91	98	5	8	364	892	1256

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	50633	217529	126865	395027	77.5	82.1
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		68034	0	68034	96.1	96.1
Shelter			5666	5666	59.7	64.7
TOTALS	50633	285563	132531	468727	79.5	83.6

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	50633	15.3	217529	49.6
SklUnd22			0	0.0
ICF/DD			68034	96.1
TOTALS	50633	15.3	285563	56.0

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

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

HEALTH SERVICE AREA 002
LTC PLANNING AREA 179

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	1309
B. Total Admissions 2005	2190
C. Total Discharges 2005	2243
D. Residents on December 31, 2005	1256

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	143	557	10	21	323	0	1054
SklUnd22	0	0	0	0	0	0	0
ICF/DD		189	0	0	0	0	189
Shelter			0	0	13	0	13
TOTALS	143	746	10	21	336	0	1256

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	16	0	4	0	20
Hawaiin or Pacific Islander	0	0	0	0	0
White	1035	0	185	13	1233
Unknown	3	0	0	0	3
Total	1054	0	189	13	1256
ETHNICITY					
Hispanic	4	0	0	0	4
Not Hispanic	803	0	189	13	1005
Unknown	247	0	0	0	247
Total	1054	0	189	13	1256

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	193	177
Skilled Under 22	0	0
Intermediate DD	117	122
Shelter	116	103

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	53	50	0	0	1	0	0	0	0	0	55	50	105
45 to 59	1	2	44	49	1	1	3	3	0	1	0	0	49	56	105
60 to 64	1	3	14	28	0	0	0	3	2	1	0	0	17	35	52
65 to 74	12	27	31	55	1	2	1	2	15	21	0	0	60	107	167
75 to 84	19	32	49	170	0	2	3	3	30	105	0	0	101	312	413
85 _Over	8	37	33	170	0	3	1	1	40	121	0	0	82	332	414
TOTALS	42	101	224	522	2	8	9	12	87	249	0	0	364	892	1256

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	17.16
Physicians	1.00
Director of Nursing	14.00
Registered Nurses	99.73
LPN's	161.05
Certified Aides	960.82
Other Health Staff	94.64
Non-Health Staff	414.63
Totals	1763.03

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

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

HEALTH SERVICE AREA	002
LTC PLANNING AREA	Woodford
State of Illinois	
TOTAL FACILITIES	7
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	7
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	4
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	3
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	4
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	4
Chronic Alcoholism	4
Developmentally Disabled	3
Drug Addiction	4
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	3
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	2

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	23
Blood Disorders	3
*Nervous System	45
Alzheimer Disease	107
Mental Illness	116
Developmental Disability	4
Circulatory System	107
Respiratory System	22
Digestive System	8
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	81
Injuries and Poisonings	36
Other Medical Conditions	18
Non-Medical Conditions	2
TOTALS	589

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	599	595	595	593	546	374	599
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0		0
Sheltered Care	62	57	56	57	43		
TOTAL BEDS	661	652	651	650	589	374	599

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	15	7	0	0	0	0	0	0	15	7	22
45 to 59	20	15	0	0	0	0	0	0	20	15	35
60 to 64	8	9	0	0	0	0	0	0	8	9	17
65 ro 74	20	29	0	0	0	0	0	2	20	31	51
75 to 84	39	107	0	0	0	0	0	10	39	117	156
85 _Over	55	222	0	0	0	0	3	28	58	250	308
TOTALS	157	389	0	0	0	0	3	40	160	429	589

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	13281	96940	94411	204632	93.6	94.2
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			17458	17458	77.1	83.9
TOTALS	13281	96940	111869	222090	92.1	93.3

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	13281	9.7	96940	44.3
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	13281	9.7	96940	44.3

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

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

HEALTH SERVICE AREA 002
LTC PLANNING AREA 203

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	612
B. Total Admissions 2005	427
C. Total Discharges 2005	450
D. Residents on December 31, 2005	589

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	32	250	7	4	253	0	546
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			1	0	42	0	43
TOTALS	32	250	8	4	295	0	589

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	2	0	0	0	2
Black	2	0	0	0	2
Hawaiin or Pacific Islander	114	0	0	0	114
White	428	0	0	43	471
Unknown	0	0	0	0	0
Total	546	0	0	43	589
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	546	0	0	43	589
Unknown	0	0	0	0	0
Total	546	0	0	43	589

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	159	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	101	94

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	15	7	0	0	0	0	0	0	0	0	15	7	22
45 to 59	0	0	18	14	0	0	0	0	2	1	0	0	20	15	35
60 to 64	0	0	6	7	0	0	0	0	2	2	0	0	8	9	17
65 to 74	1	3	7	21	6	0	0	0	6	7	0	0	20	31	51
75 to 84	1	6	13	50	0	1	0	0	25	60	0	0	39	117	156
85 _Over	7	14	19	73	0	1	0	4	32	158	0	0	58	250	308
TOTALS	9	23	78	172	6	2	0	4	67	228	0	0	160	429	589

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	48.00
LPN's	38.00
Certified Aides	230.00
Other Health Staff	28.00
Non-Health Staff	200.00
Totals	559.00

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

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

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Adams
State of Illinois	
TOTAL FACILITIES	11
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	10
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	6
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	3
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	7
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	5
Chronic Alcoholism	7
Developmentally Disabled	5
Drug Addiction	7
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	6
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	1
Unable to Self-Medicate	0
Other Restrictions	2
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	23
Endocrine/Metabolic	186
Blood Disorders	4
*Nervous System	63
Alzheimer Disease	191
Mental Illness	120
Developmental Disability	34
Circulatory System	385
Respiratory System	91
Digestive System	19
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	91
Injuries and Poisonings	19
Other Medical Conditions	149
Non-Medical Conditions	0
TOTALS	1380

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1509	1485	1258	1485	1227	201	914
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	32	32	32	32	32		32
Sheltered Care	260	258	144	214	121		
TOTAL BEDS	1801	1775	1434	1731	1380	201	946

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	0	0	0	4	4	0	0	8	4	12
45 to 59	41	16	0	0	7	7	1	0	49	23	72
60 to 64	31	11	0	0	1	3	3	0	35	14	49
65 ro 74	58	43	0	0	3	2	10	2	71	47	118
75 to 84	241	199	0	0	0	0	21	29	262	228	490
85 _Over	217	366	0	0	1	0	8	47	226	413	639
TOTALS	592	635	0	0	16	16	43	78	651	729	1380

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	25845	142174	275565	443584	80.5	81.8
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		11680	0	11680	100.0	100.0
Shelter			44408	44408	46.8	47.2
TOTALS	25845	153854	319973	499672	76.0	77.1

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	25845	35.2	142174	42.6
SklUnd22			0	0.0
ICF/DD			11680	100.0
TOTALS	25845	35.2	153854	44.6

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

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

HEALTH SERVICE AREA 003
LTC PLANNING AREA 001

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	1414
B. Total Admissions 2005	1436
C. Total Discharges 2005	1470
D. Residents on December 31, 2005	1380

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	70	394	0	28	735	0	1227
SklUnd22	0	0	0	0	0	0	0
ICF/DD		32	0	0	0	0	32
Shelter			0	0	121	0	121
TOTALS	70	426	0	28	856	0	1380

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	36	0	1	1	38
Hawaiin or Pacific Islander	0	0	0	0	0
White	1191	0	31	120	1342
Unknown	0	0	0	0	0
Total	1227	0	32	121	1380
ETHNICITY					
Hispanic	0	0	1	0	1
Not Hispanic	1227	0	31	121	1379
Unknown	0	0	0	0	0
Total	1227	0	32	121	1380

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	161
Skilled Under 22	0	0
Intermediate DD	121	111
Shelter	115	93

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	8	4	0	0	0	0	0	0	0	0	8	4	12
45 to 59	1	2	20	19	0	0	0	2	28	0	0	0	49	23	72
60 to 64	1	0	4	10	0	0	2	1	28	3	0	0	35	14	49
65 to 74	4	8	18	31	0	0	10	1	39	7	0	0	71	47	118
75 to 84	10	19	30	100	0	0	2	4	220	105	0	0	262	228	490
85 _Over	9	16	27	155	0	0	1	5	189	237	0	0	226	413	639
TOTALS	25	45	107	319	0	0	15	13	504	352	0	0	651	729	1380

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	12.00
Physicians	3.00
Director of Nursing	10.00
Registered Nurses	90.40
LPN's	227.15
Certified Aides	485.70
Other Health Staff	56.70
Non-Health Staff	555.07
Totals	1440.02

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

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

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Brown/Schuyler
State of Illinois	
TOTAL FACILITIES	3
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	2
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	2
Chronic Alcoholism	2
Developmentally Disabled	2
Drug Addiction	2
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	2
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	1
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System	9
Alzheimer Disease	15
Mental Illness	6
Developmental Disability	2
Circulatory System	44
Respiratory System	9
Digestive System	7
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	18
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	141

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	212	208	158	208	141	104	186
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	212	208	158	208	141	104	186

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	0	2	0	0	0	0	0	0	0	2	2
65 ro 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	15	26	0	0	0	0	0	0	15	26	41
85 _Over	15	65	0	0	0	0	0	0	15	65	80
TOTALS	39	102	0	0	0	0	0	0	39	102	141

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	4566	26535	18794	49895	64.5	65.7
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			0	0	0.0	0.0
TOTALS	4566	26535	18794	49895	64.5	65.7

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	4566	12.0	26535	39.1
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	4566	12.0	26535	39.1

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

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

HEALTH SERVICE AREA 003
LTC PLANNING AREA 009

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	139
B. Total Admissions 2005	183
C. Total Discharges 2005	181
D. Residents on December 31, 2005	141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	69	0	0	58	0	141
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	0	0	0
TOTALS	14	69	0	0	58	0	141

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiin or Pacific Islander	0	0	0	0	0
White	141	0	0	0	141
Unknown	0	0	0	0	0
Total	141	0	0	0	141
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	121	0	0	0	121
Unknown	20	0	0	0	20
Total	141	0	0	0	141

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	106
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	3	1	0	0	0	0	0	0	0	0	3	2	5
60 to 64	0	0	0	2	0	0	0	0	0	0	0	0	0	2	2
65 to 74	0	2	5	5	0	0	0	0	1	0	0	0	6	7	13
75 to 84	2	1	8	14	0	0	0	0	5	11	0	0	15	26	41
85 _Over	2	6	5	26	0	0	0	0	8	33	0	0	15	65	80
TOTALS	4	10	21	48	0	0	0	0	14	44	0	0	39	102	141

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	4.00
LPN's	20.00
Certified Aides	50.50
Other Health Staff	2.00
Non-Health Staff	44.00
Totals	126.50

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

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

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Calhoun/Pike
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	5
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	4
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	4

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	2
Chronic Alcoholism	2
Developmentally Disabled	2
Drug Addiction	2
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	2
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	2

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	6
*Nervous System	7
Alzheimer Disease	67
Mental Illness	20
Developmental Disability	17
Circulatory System	50
Respiratory System	29
Digestive System	7
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	18
Injuries and Poisonings	7
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	263

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	336	329	280	329	247	329	329
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16		16
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	352	345	296	345	263	329	345

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	7	4	0	0	1	5	0	0	8	9	17
60 to 64	2	2	0	0	0	1	0	0	2	3	5
65 ro 74	13	16	0	0	1	0	0	0	14	16	30
75 to 84	12	49	0	0	0	1	0	0	12	50	62
85 _Over	23	119	0	0	0	0	0	0	23	119	142
TOTALS	57	190	0	0	4	12	0	0	61	202	263

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	10634	54667	26864	92165	75.2	76.7
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5552	276	5828	99.8	99.8
Shelter			0	0	0.0	0.0
TOTALS	10634	60219	27140	97993	76.3	77.8

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	10634	8.9	54667	45.5
SklUnd22			0	0.0
ICF/DD			5552	95.1
TOTALS	10634	8.9	60219	47.8

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

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

HEALTH SERVICE AREA 003
LTC PLANNING AREA 013

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	267
B. Total Admissions 2005	429
C. Total Discharges 2005	433
D. Residents on December 31, 2005	263

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	147	0	0	69	0	247
SklUnd22	0	0	0	0	0	0	0
ICF/DD		15	0	0	1	0	16
Shelter			0	0	0	0	0
TOTALS	31	162	0	0	70	0	263

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiin or Pacific Islander	0	0	0	0	0
White	247	0	16	0	263
Unknown	0	0	0	0	0
Total	247	0	16	0	263
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	247	0	16	0	263
Unknown	0	0	0	0	0
Total	247	0	16	0	263

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	122	118
Skilled Under 22	0	0
Intermediate DD	120	0
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	2	5	0	0	0	0	0	0	0	0	2	5	7
45 to 59	2	0	5	9	0	0	0	0	1	0	0	0	8	9	17
60 to 64	0	0	2	3	0	0	0	0	0	0	0	0	2	3	5
65 to 74	3	2	9	13	0	0	0	0	2	1	0	0	14	16	30
75 to 84	2	3	7	32	0	0	0	0	3	15	0	0	12	50	62
85 _Over	6	13	7	68	0	0	0	0	10	38	0	0	23	119	142
TOTALS	13	18	32	130	0	0	0	0	16	54	0	0	61	202	263

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.25
Physicians	0.25
Director of Nursing	4.00
Registered Nurses	13.25
LPN's	34.00
Certified Aides	105.50
Other Health Staff	18.00
Non-Health Staff	90.00
Totals	269.25

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

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

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Cass
State of Illinois	
TOTAL FACILITIES	4
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	4
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	2
Drug Addiction	2
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	1
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	12
Blood Disorders	1
*Nervous System	11
Alzheimer Disease	49
Mental Illness	5
Developmental Disability	16
Circulatory System	32
Respiratory System	10
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	13
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	195

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	221	218	185	207	179	150	221
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16		16
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	237	234	201	223	195	150	237

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	4	0	0	6	4	10
45 to 59	1	3	0	0	4	2	0	0	5	5	10
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 ro 74	14	14	0	0	0	0	0	0	14	14	28
75 to 84	14	37	0	0	0	0	0	0	14	37	51
85 _Over	20	75	0	0	0	0	0	0	20	75	95
TOTALS	49	130	0	0	10	6	0	0	59	136	195

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	4658	38040	18463	61161	75.8	76.9
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5840	0	5840	100.0	100.0
Shelter			0	0	0.0	0.0
TOTALS	4658	43880	18463	67001	77.5	78.4

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	4658	8.5	38040	47.2
SklUnd22			0	0.0
ICF/DD			5840	100.0
TOTALS	4658	8.5	43880	50.7

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

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

HEALTH SERVICE AREA 003
LTC PLANNING AREA 017

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	192
B. Total Admissions 2005	110
C. Total Discharges 2005	107
D. Residents on December 31, 2005	195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	102	0	9	50	0	179
SklUnd22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Shelter			0	0	0	0	0
TOTALS	18	118	0	9	50	0	195

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Indian	0	0	0	0	0
Black	1	0	1	0	2
Hawaiin or Pacific Islander	0	0	0	0	0
White	178	0	14	0	192
Unknown	0	0	0	0	0
Total	179	0	16	0	195
ETHNICITY					
Hispanic	1	0	0	0	1
Not Hispanic	133	0	16	0	149
Unknown	45	0	0	0	45
Total	179	0	16	0	195

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	123
Skilled Under 22	0	0
Intermediate DD	0	109
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	6	4	0	0	0	0	0	0	0	0	6	4	10
45 to 59	0	0	5	5	0	0	0	0	0	0	0	0	5	5	10
60 to 64	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1
65 to 74	2	0	11	11	0	0	0	0	1	3	0	0	14	14	28
75 to 84	3	9	8	17	0	0	0	0	3	11	0	0	14	37	51
85 _Over	2	2	9	42	0	0	1	8	8	23	0	0	20	75	95
TOTALS	7	11	39	79	0	0	1	8	12	38	0	0	59	136	195

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.25
Physicians	0.25
Director of Nursing	3.00
Registered Nurses	11.25
LPN's	27.00
Certified Aides	72.50
Other Health Staff	21.00
Non-Health Staff	40.00
Totals	180.25

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

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

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Christian
State of Illinois	
TOTAL FACILITIES	8
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	7
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	3
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	4
FOR PROFIT OWNERSHIP	4

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	3
Chronic Alcoholism	1
Developmentally Disabled	3
Drug Addiction	4
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	2
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	3
Other Restrictions	0
No Restrictions	2

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	31
Blood Disorders	8
*Nervous System	26
Alzheimer Disease	33
Mental Illness	24
Developmental Disability	59
Circulatory System	93
Respiratory System	35
Digestive System	11
Genitourinary System Disorders	11
Skin Disorders	0
Musculo-skeletal Disorders	30
Injuries and Poisonings	5
Other Medical Conditions	38
Non-Medical Conditions	0
TOTALS	413

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	516	480	415	479	371	316	520
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	48	48	47	48	42		48
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	564	528	462	527	413	316	568

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	11	0	0	11	15	26
45 to 59	12	9	0	0	7	9	0	0	19	18	37
60 to 64	2	5	0	0	4	0	0	0	6	5	11
65 ro 74	14	24	0	0	3	1	0	0	17	25	42
75 to 84	29	64	0	0	0	0	0	0	29	64	93
85 _Over	32	172	0	0	0	0	0	0	32	172	204
TOTALS	93	278	0	0	21	21	0	0	114	299	413

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	17853	75355	44047	137255	72.9	78.3
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		15429	0	15429	88.1	88.1
Shelter			0	0	0.0	0.0
TOTALS	17853	90784	44047	152684	74.2	79.2

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	17853	15.5	75355	39.7
SklUnd22			0	0.0
ICF/DD			15429	88.1
TOTALS	17853	15.5	90784	43.8

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

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

HEALTH SERVICE AREA 003
LTC PLANNING AREA 021

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	429
B. Total Admissions 2005	669
C. Total Discharges 2005	685
D. Residents on December 31, 2005	413

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	43	214	0	2	112	0	371
SklUnd22	0	0	0	0	0	0	0
ICF/DD		42	0	0	0	0	42
Shelter			0	0	0	0	0
TOTALS	43	256	0	2	112	0	413

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	5	0	2	0	7
Hawaiin or Pacific Islander	1	0	0	0	1
White	365	0	40	0	405
Unknown	0	0	0	0	0
Total	371	0	42	0	413
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	305	0	42	0	347
Unknown	66	0	0	0	66
Total	371	0	42	0	413

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	117
Skilled Under 22	0	0
Intermediate DD	112	114
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	10	14	0	0	0	0	1	0	0	0	11	15	26
45 to 59	0	0	19	17	0	0	0	0	0	1	0	0	19	18	37
60 to 64	0	1	6	2	0	0	0	1	0	1	0	0	6	5	11
65 to 74	5	3	11	20	0	0	0	0	1	2	0	0	17	25	42
75 to 84	4	8	19	41	0	0	1	0	5	15	0	0	29	64	93
85 _Over	1	20	12	85	0	0	0	0	19	67	0	0	32	172	204
TOTALS	10	33	77	179	0	0	1	1	26	86	0	0	114	299	413

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	6.60
Physicians	0.00
Director of Nursing	5.00
Registered Nurses	17.44
LPN's	53.01
Certified Aides	160.09
Other Health Staff	34.06
Non-Health Staff	107.94
Totals	384.14

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

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

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Greene
State of Illinois	
TOTAL FACILITIES	3
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	2
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	2
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	2

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	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	30
Mental Illness	12
Developmental Disability	0
Circulatory System	40
Respiratory System	13
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	4
Other Medical Conditions	2
Non-Medical Conditions	25
TOTALS	146

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	159	159	128	159	121	119	159
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0		0
Sheltered Care	28	28	28	28	25		
TOTAL BEDS	187	187	156	187	146	119	159

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	1	5	1	6
45 to 59	1	2	0	0	0	0	4	5	5	7	12
60 to 64	0	3	0	0	0	0	0	3	0	6	6
65 ro 74	7	5	0	0	0	0	0	1	7	6	13
75 to 84	7	20	0	0	0	0	3	2	10	22	32
85 _Over	20	56	0	0	0	0	0	1	20	57	77
TOTALS	35	86	0	0	0	0	12	13	47	99	146

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	3444	26223	12734	42401	73.1	73.1
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			10220	10220	100.0	100.0
TOTALS	3444	26223	22954	52621	77.1	77.1

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	3444	7.9	26223	45.2
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	3444	7.9	26223	45.2

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

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

HEALTH SERVICE AREA 003
LTC PLANNING AREA 061

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	149
B. Total Admissions 2005	164
C. Total Discharges 2005	167
D. Residents on December 31, 2005	146

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	75	0	0	39	0	121
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			24	0	1	0	25
TOTALS	7	75	24	0	40	0	146

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiin or Pacific Islander	0	0	0	0	0
White	121	0	0	25	146
Unknown	0	0	0	0	0
Total	121	0	0	25	146
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	121	0	0	25	146
Unknown	0	0	0	0	0
Total	121	0	0	25	146

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	102	122
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	50	30

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	1	0	0	0	0	0	0	5	1	6
45 to 59	0	0	1	1	4	5	0	0	0	1	0	0	5	7	12
60 to 64	0	1	0	2	0	3	0	0	0	0	0	0	0	6	6
65 to 74	0	1	6	4	0	1	0	0	1	0	0	0	7	6	13
75 to 84	0	1	5	15	3	1	0	0	2	5	0	0	10	22	32
85 _Over	0	4	11	30	0	1	0	0	9	22	0	0	20	57	77
TOTALS	0	7	23	52	12	12	0	0	12	28	0	0	47	99	146

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	1.40
LPN's	20.00
Certified Aides	44.00
Other Health Staff	10.00
Non-Health Staff	21.00
Totals	102.40

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

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

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Hancock
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	5
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	3
FOR PROFIT OWNERSHIP	1

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	2
Drug Addiction	2
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	3
Non-Ambulatory	1
Non-Mobile	0
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	1
Other Restrictions	2
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	10
Blood Disorders	3
*Nervous System	20
Alzheimer Disease	22
Mental Illness	7
Developmental Disability	26
Circulatory System	28
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	34
TOTALS	195

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	241	172	157	218	146	139	243
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15		16
Sheltered Care	45	45	45	45	34		
TOTAL BEDS	302	233	218	279	195	139	259

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	3	3	3	7	6	13
45 to 59	2	2	0	0	3	2	3	5	8	9	17
60 to 64	1	2	0	0	1	0	2	2	4	4	8
65 ro 74	4	9	0	0	0	3	5	6	9	18	27
75 to 84	13	29	0	0	0	0	1	2	14	31	45
85 _Over	17	66	0	0	0	0	0	2	17	68	85
TOTALS	38	108	0	0	7	8	14	20	59	136	195

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	1922	33863	16717	52502	59.7	83.6
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5602	0	5602	95.9	95.9
Shelter			14254	14254	86.8	86.8
TOTALS	1922	39465	30971	72358	65.6	85.1

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	1922	3.8	33863	38.2
SklUnd22			0	0.0
ICF/DD			5602	95.9
TOTALS	1922	3.8	39465	41.7

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

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

HEALTH SERVICE AREA 003
LTC PLANNING AREA 067

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	204
B. Total Admissions 2005	126
C. Total Discharges 2005	135
D. Residents on December 31, 2005	195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	105	0	0	35	0	146
SklUnd22	0	0	0	0	0	0	0
ICF/DD		15	0	0	0	0	15
Shelter			0	0	34	0	34
TOTALS	6	120	0	0	69	0	195

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Indian	1	0	0	0	1
Black	0	0	0	1	1
Hawaiin or Pacific Islander	0	0	0	0	0
White	144	0	15	33	192
Unknown	0	0	0	0	0
Total	146	0	15	34	195
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	146	0	15	34	195
Unknown	0	0	0	0	0
Total	146	0	15	34	195

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	136	119
Skilled Under 22	0	0
Intermediate DD	117	107
Shelter	56	45

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	4	3	0	0	0	0	3	3	0	0	7	6	13
45 to 59	0	0	5	4	0	0	0	0	3	5	0	0	8	9	17
60 to 64	0	0	2	2	0	0	0	0	2	2	0	0	4	4	8
65 to 74	1	0	2	12	0	0	0	0	6	6	0	0	9	18	27
75 to 84	2	1	10	18	0	0	0	0	2	12	0	0	14	31	45
85 _Over	1	1	9	49	0	0	0	0	7	18	0	0	17	68	85
TOTALS	4	2	32	88	0	0	0	0	23	46	0	0	59	136	195

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	10.10
LPN's	24.40
Certified Aides	70.90
Other Health Staff	3.00
Non-Health Staff	56.10
Totals	172.50

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

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

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Jersey
State of Illinois	
TOTAL FACILITIES	4
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	4
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	3

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

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System	23
Alzheimer Disease	77
Mental Illness	7
Developmental Disability	17
Circulatory System	77
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	15
Injuries and Poisonings	23
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	274

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	291	291	287	291	258	193	291
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16		16
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	307	307	303	307	274	193	307

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	2	0	0	6	2	0	0	9	4	13
60 to 64	3	2	0	0	1	0	0	0	4	2	6
65 ro 74	13	23	0	0	1	0	0	0	14	23	37
75 to 84	23	72	0	0	0	0	0	0	23	72	95
85 _Over	21	96	0	0	0	0	0	0	21	96	117
TOTALS	63	195	0	0	10	6	0	0	73	201	274

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	10452	56412	29380	96244	90.6	90.6
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5824	0	5824	99.7	99.7
Shelter			0	0	0.0	0.0
TOTALS	10452	62236	29380	102068	91.1	91.1

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	10452	14.8	56412	53.1
SklUnd22			0	0.0
ICF/DD			5824	99.7
TOTALS	10452	14.8	62236	55.5

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

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

HEALTH SERVICE AREA 003
LTC PLANNING AREA 083

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	257
B. Total Admissions 2005	277
C. Total Discharges 2005	260
D. Residents on December 31, 2005	274

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	151	0	0	82	0	258
SklUnd22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Shelter			0	0	0	0	0
TOTALS	25	167	0	0	82	0	274

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiin or Pacific Islander	0	0	0	0	0
White	258	0	15	0	273
Unknown	0	0	0	0	0
Total	258	0	16	0	274
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	258	0	16	0	274
Unknown	0	0	0	0	0
Total	258	0	16	0	274

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	104
Skilled Under 22	0	0
Intermediate DD	108	108
Shelter	128	94

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	2	4	0	0	0	0	0	0	0	0	2	4	6
45 to 59	1	0	8	4	0	0	0	0	0	0	0	0	9	4	13
60 to 64	0	1	4	1	0	0	0	0	0	0	0	0	4	2	6
65 to 74	2	6	8	15	0	0	0	0	4	2	0	0	14	23	37
75 to 84	3	3	13	48	0	0	0	0	7	21	0	0	23	72	95
85 _Over	3	6	8	52	0	0	0	0	10	38	0	0	21	96	117
TOTALS	9	16	43	124	0	0	0	0	21	61	0	0	73	201	274

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.25
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	12.00
LPN's	35.00
Certified Aides	110.00
Other Health Staff	15.00
Non-Health Staff	97.75
Totals	276.00

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

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

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Logan
State of Illinois	
TOTAL FACILITIES	8
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	8
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	4
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	4
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	5
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	4
Chronic Alcoholism	7
Developmentally Disabled	2
Drug Addiction	7
Medicaid Recipient	0
Medicare Recipient	2
Mental Illness	0
Non-Ambulatory	2
Non-Mobile	4
Public Aid Recipient	0
Under 65 Years Old	1
Unable to Self-Medicate	1
Other Restrictions	1
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	19
Blood Disorders	3
*Nervous System	25
Alzheimer Disease	28
Mental Illness	22
Developmental Disability	65
Circulatory System	98
Respiratory System	22
Digestive System	11
Genitourinary System Disorders	21
Skin Disorders	7
Musculo-skeletal Disorders	37
Injuries and Poisonings	6
Other Medical Conditions	90
Non-Medical Conditions	3
TOTALS	465

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	462	453	443	453	402	164	437
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	63	63	63	63	63		63
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	525	516	506	516	465	164	500

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	5	0	0	13	13	0	0	19	18	37
45 to 59	7	9	0	0	11	11	0	0	18	20	38
60 to 64	3	5	0	0	2	1	0	0	5	6	11
65 ro 74	9	28	0	0	3	5	0	0	12	33	45
75 to 84	32	101	0	0	2	1	0	0	34	102	136
85 _Over	46	151	0	0	0	1	0	0	46	152	198
TOTALS	103	299	0	0	31	32	0	0	134	331	465

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	19413	71855	57394	148662	88.2	89.9
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		22340	0	22340	97.2	97.2
Shelter			0	0	0.0	0.0
TOTALS	19413	94195	57394	171002	89.2	90.8

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	19413	32.4	71855	45.0
SklUnd22			0	0.0
ICF/DD			22340	97.2
TOTALS	19413	32.4	94195	51.6

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

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

HEALTH SERVICE AREA 003
LTC PLANNING AREA 107

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	470
B. Total Admissions 2005	439
C. Total Discharges 2005	444
D. Residents on December 31, 2005	465

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	217	7	1	147	0	402
SklUnd22	0	0	0	0	0	0	0
ICF/DD		63	0	0	0	0	63
Shelter			0	0	0	0	0
TOTALS	30	280	7	1	147	0	465

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	1	0	0	0	1
Black	7	0	1	0	8
Hawaiin or Pacific Islander	0	0	0	0	0
White	394	0	62	0	456
Unknown	0	0	0	0	0
Total	402	0	63	0	465
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	223	0	63	0	286
Unknown	179	0	0	0	179
Total	402	0	63	0	465

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	146	125
Skilled Under 22	0	0
Intermediate DD	169	111
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	17	18	1	0	0	0	0	0	0	0	19	18	37
45 to 59	1	0	17	20	0	0	0	0	0	0	0	0	18	20	38
60 to 64	0	1	4	4	1	0	0	1	0	0	0	0	5	6	11
65 to 74	2	1	8	26	0	0	0	0	2	6	0	0	12	33	45
75 to 84	4	10	17	63	1	1	0	0	12	28	0	0	34	102	136
85 _Over	4	6	13	73	2	1	0	0	27	72	0	0	46	152	198
TOTALS	12	18	76	204	5	2	0	1	41	106	0	0	134	331	465

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	6.47
Physicians	0.00
Director of Nursing	5.00
Registered Nurses	13.10
LPN's	57.00
Certified Aides	186.23
Other Health Staff	37.00
Non-Health Staff	71.54
Totals	376.34

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

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

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Macoupin
State of Illinois	
TOTAL FACILITIES	10
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	10
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	8
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	8

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	5
Chronic Alcoholism	3
Developmentally Disabled	5
Drug Addiction	4
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	2
Non-Ambulatory	2
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	42
Blood Disorders	1
*Nervous System	23
Alzheimer Disease	76
Mental Illness	26
Developmental Disability	24
Circulatory System	90
Respiratory System	49
Digestive System	19
Genitourinary System Disorders	18
Skin Disorders	8
Musculo-skeletal Disorders	38
Injuries and Poisonings	22
Other Medical Conditions	120
Non-Medical Conditions	53
TOTALS	621

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	737	714	597	714	559	495	735
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16		16
Sheltered Care	50	50	48	50	46		
TOTAL BEDS	803	780	661	780	621	495	751

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	6	6	3	8	10	15	25
45 to 59	10	10	0	0	2	1	16	11	28	22	50
60 to 64	6	14	0	0	0	1	0	1	6	16	22
65 ro 74	32	33	0	0	0	0	1	2	33	35	68
75 to 84	38	121	0	0	0	0	2	2	40	123	163
85 _Over	52	241	0	0	0	0	0	0	52	241	293
TOTALS	139	420	0	0	8	8	22	24	169	452	621

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	20786	117397	67310	205493	76.4	78.9
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5647	0	5647	96.7	96.7
Shelter			15893	15893	87.1	87.1
TOTALS	20786	123044	83203	227033	77.5	79.7

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	20786	11.5	117397	43.8
SklUnd22			0	0.0
ICF/DD			5647	96.7
TOTALS	20786	11.5	123044	44.9

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

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

HEALTH SERVICE AREA 003
LTC PLANNING AREA 117

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	650
B. Total Admissions 2005	593
C. Total Discharges 2005	622
D. Residents on December 31, 2005	621

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	58	319	2	3	177	0	559
SklUnd22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Shelter			0	0	46	0	46
TOTALS	58	335	2	3	223	0	621

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	5	0	0	3	8
Hawaiin or Pacific Islander	0	0	0	0	0
White	554	0	16	43	613
Unknown	0	0	0	0	0
Total	559	0	16	46	621
ETHNICITY					
Hispanic	1	0	0	0	1
Not Hispanic	558	0	16	46	620
Unknown	0	0	0	0	0
Total	559	0	16	46	621

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	141	113
Skilled Under 22	0	0
Intermediate DD	114	114
Shelter	53	45

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	7	7	0	0	0	0	3	8	0	0	10	15	25
45 to 59	1	1	9	7	0	0	2	0	16	14	0	0	28	22	50
60 to 64	2	0	3	15	0	0	0	0	1	1	0	0	6	16	22
65 to 74	5	3	19	24	0	0	0	0	9	8	0	0	33	35	68
75 to 84	5	11	22	79	1	0	0	0	12	33	0	0	40	123	163
85 _Over	7	23	23	120	0	1	0	1	22	96	0	0	52	241	293
TOTALS	20	38	83	252	1	1	2	1	63	160	0	0	169	452	621

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.25
Physicians	0.00
Director of Nursing	8.00
Registered Nurses	26.25
LPN's	62.00
Certified Aides	228.50
Other Health Staff	8.00
Non-Health Staff	177.00
Totals	520.00

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

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

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Mason
State of Illinois	
TOTAL FACILITIES	2
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	2
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	1
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	1

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

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System	11
Alzheimer Disease	13
Mental Illness	6
Developmental Disability	2
Circulatory System	27
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	5
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	35
Non-Medical Conditions	0
TOTALS	143

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	164	160	130	160	130	84	164
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0		0
Sheltered Care	31	31	13	31	13		
TOTAL BEDS	195	191	143	191	143	84	164

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	4	0	0	0	0	0	0	0	4	4
65 ro 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	14	25	0	0	0	0	0	2	14	27	41
85 _Over	21	52	0	0	0	0	3	8	24	60	84
TOTALS	43	87	0	0	0	0	3	10	46	97	143

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	4213	30527	14953	49693	83.0	85.1
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			5433	5433	48.0	48.0
TOTALS	4213	30527	20386	55126	77.5	79.1

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	4213	13.7	30527	51.0
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	4213	13.7	30527	51.0

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

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

HEALTH SERVICE AREA 003
LTC PLANNING AREA 125

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	161
B. Total Admissions 2005	188
C. Total Discharges 2005	206
D. Residents on December 31, 2005	143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	81	0	1	38	0	130
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	13	0	13
TOTALS	10	81	0	1	51	0	143

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiin or Pacific Islander	0	0	0	0	0
White	130	0	0	13	143
Unknown	0	0	0	0	0
Total	130	0	0	13	143
ETHNICITY					
Hispanic	1	0	0	0	1
Not Hispanic	74	0	0	0	74
Unknown	55	0	0	13	68
Total	130	0	0	13	143

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	103
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	88	70

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	1	1	0	0	0	0	0	0	0	0	1	1	2
60 to 64	0	0	0	3	0	0	0	1	0	0	0	0	0	4	4
65 to 74	0	0	7	3	0	0	0	0	0	2	0	0	7	5	12
75 to 84	1	2	11	15	0	0	0	0	2	10	0	0	14	27	41
85 _Over	4	3	12	28	0	0	0	0	8	29	0	0	24	60	84
TOTALS	5	5	31	50	0	0	0	1	10	41	0	0	46	97	143

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	9.00
LPN's	18.00
Certified Aides	51.00
Other Health Staff	2.00
Non-Health Staff	44.00
Totals	128.00

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

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

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Menard
State of Illinois	
TOTAL FACILITIES	2
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	2
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	2
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	1

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	2
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	2
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	11
Blood Disorders	7
*Nervous System	5
Alzheimer Disease	41
Mental Illness	7
Developmental Disability	2
Circulatory System	23
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	16
Injuries and Poisonings	5
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	138

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	192	178	154	178	138	30	192
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	192	178	154	178	138	30	192

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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 ro 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	16	32	0	0	0	0	0	0	16	32	48
85 _Over	13	64	0	0	0	0	0	0	13	64	77
TOTALS	32	106	0	0	0	0	0	0	32	106	138

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	5553	27384	16543	49480	70.6	76.2
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			0	0	0.0	0.0
TOTALS	5553	27384	16543	49480	70.6	76.2

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	5553	50.7	27384	39.1
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	5553	50.7	27384	39.1

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

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

HEALTH SERVICE AREA 003
LTC PLANNING AREA 129

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	143
B. Total Admissions 2005	214
C. Total Discharges 2005	219
D. Residents on December 31, 2005	138

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	75	0	0	45	0	138
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	0	0	0
TOTALS	18	75	0	0	45	0	138

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiin or Pacific Islander	0	0	0	0	0
White	135	0	0	0	135
Unknown	1	0	0	0	1
Total	138	0	0	0	138
ETHNICITY					
Hispanic	1	0	0	0	1
Not Hispanic	43	0	0	0	43
Unknown	94	0	0	0	94
Total	138	0	0	0	138

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	133	117
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	1	0	0	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	4	3	4	0	0	0	0	0	0	0	0	3	8	11
75 to 84	1	4	11	14	0	0	0	0	4	14	0	0	16	32	48
85 _Over	5	4	3	39	0	0	0	0	5	21	0	0	13	64	77
TOTALS	6	12	17	58	0	0	0	0	9	36	0	0	32	106	138

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	7.00
LPN's	15.00
Certified Aides	56.00
Other Health Staff	1.00
Non-Health Staff	45.00
Totals	128.00

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

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

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Montgomery
State of Illinois	
TOTAL FACILITIES	9
HOSPITAL BASED UNITS	2
FREE STANDING FACILITIES	7
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	8
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	6

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	3
Chronic Alcoholism	4
Developmentally Disabled	3
Drug Addiction	5
Medicaid Recipient	2
Medicare Recipient	1
Mental Illness	4
Non-Ambulatory	2
Non-Mobile	2
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	2
Other Restrictions	2
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	56
Blood Disorders	9
*Nervous System	27
Alzheimer Disease	78
Mental Illness	29
Developmental Disability	16
Circulatory System	81
Respiratory System	41
Digestive System	7
Genitourinary System Disorders	11
Skin Disorders	4
Musculo-skeletal Disorders	31
Injuries and Poisonings	21
Other Medical Conditions	79
Non-Medical Conditions	0
TOTALS	494

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	680	630	555	641	479	330	610
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	15	15		16
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	696	646	571	656	494	330	626

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	6	0	0	3	3	0	0	9	9	18
45 to 59	16	17	0	0	4	4	0	0	20	21	41
60 to 64	13	8	0	0	0	0	0	0	13	8	21
65 ro 74	19	26	0	0	0	1	0	0	19	27	46
75 to 84	36	104	0	0	0	0	0	0	36	104	140
85 _Over	39	189	0	0	0	0	0	0	39	189	228
TOTALS	129	350	0	0	7	8	0	0	136	358	494

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	18743	113172	45236	177151	71.4	77.0
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5419	365	5784	99.0	99.0
Shelter			0	0	0.0	0.0
TOTALS	18743	118591	45601	182935	72.0	77.6

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	18743	15.6	113172	50.8
SklUnd22			0	0.0
ICF/DD			5419	92.8
TOTALS	18743	15.6	118591	51.9

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

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

HEALTH SERVICE AREA 003
LTC PLANNING AREA 135

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	507
B. Total Admissions 2005	1070
C. Total Discharges 2005	1083
D. Residents on December 31, 2005	494

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	57	299	0	0	123	0	479
SklUnd22	0	0	0	0	0	0	0
ICF/DD		14	0	0	1	0	15
Shelter			0	0	0	0	0
TOTALS	57	313	0	0	124	0	494

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiin or Pacific Islander	0	0	0	0	0
White	471	0	15	0	486
Unknown	2	0	0	0	2
Total	479	0	15	0	494
ETHNICITY					
Hispanic	1	0	0	0	1
Not Hispanic	477	0	15	0	492
Unknown	1	0	0	0	1
Total	479	0	15	0	494

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	149	122
Skilled Under 22	0	0
Intermediate DD	102	102
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	9	9	0	0	0	0	0	0	0	0	9	9	18
45 to 59	0	0	19	21	0	0	0	0	1	0	0	0	20	21	41
60 to 64	1	0	11	8	0	0	0	0	1	0	0	0	13	8	21
65 to 74	1	5	18	20	0	0	0	0	0	2	0	0	19	27	46
75 to 84	6	13	16	65	0	0	0	0	14	26	0	0	36	104	140
85 _Over	7	24	19	98	0	0	0	0	13	67	0	0	39	189	228
TOTALS	15	42	92	221	0	0	0	0	29	95	0	0	136	358	494

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.23
Physicians	0.00
Director of Nursing	8.00
Registered Nurses	30.40
LPN's	63.40
Certified Aides	211.31
Other Health Staff	20.80
Non-Health Staff	126.24
Totals	468.38

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

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

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Morgan/Scott
State of Illinois	
TOTAL FACILITIES	14
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	14
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	6
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	7
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	2
NON-PROFIT OWNERSHIP	6
FOR PROFIT OWNERSHIP	6

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	4
Chronic Alcoholism	4
Developmentally Disabled	2
Drug Addiction	4
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	2
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	6

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	50
Blood Disorders	13
*Nervous System	49
Alzheimer Disease	83
Mental Illness	84
Developmental Disability	326
Circulatory System	81
Respiratory System	52
Digestive System	23
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	54
Injuries and Poisonings	7
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	863

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	738	658	580	691	522	356	738
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	393	329	328	329	325		393
Sheltered Care	24	24	16	23	16		
TOTAL BEDS	1155	1011	924	1043	863	356	1131

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	6	0	0	105	39	0	0	115	45	160
45 to 59	35	22	0	0	96	31	0	0	131	53	184
60 to 64	10	13	0	0	28	4	0	0	38	17	55
65 ro 74	29	28	0	0	13	3	1	0	43	31	74
75 to 84	28	88	0	0	2	2	1	3	31	93	124
85 _Over	43	210	0	0	0	2	3	8	46	220	266
TOTALS	155	367	0	0	244	81	5	11	404	459	863

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	15189	127553	60276	203018	75.4	84.5
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		119086	0	119086	83.0	99.2
Shelter			5901	5901	67.4	67.4
TOTALS	15189	246639	66177	328005	77.8	88.9

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	15189	11.7	127553	47.4
SklUnd22			0	0.0
ICF/DD			119086	83.0
TOTALS	15189	11.7	246639	59.7

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

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

HEALTH SERVICE AREA 003
LTC PLANNING AREA 137

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	904
B. Total Admissions 2005	535
C. Total Discharges 2005	576
D. Residents on December 31, 2005	863

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	59	314	0	0	149	0	522
SklUnd22	0	0	0	0	0	0	0
ICF/DD		325	0	0	0	0	325
Shelter			4	0	12	0	16
TOTALS	59	639	4	0	161	0	863

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	3	0	4
Indian	0	0	0	0	0
Black	28	0	40	0	68
Hawaiin or Pacific Islander	0	0	0	0	0
White	492	0	282	16	790
Unknown	1	0	0	0	1
Total	522	0	325	16	863
ETHNICITY					
Hispanic	3	0	8	0	11
Not Hispanic	519	0	317	16	852
Unknown	0	0	0	0	0
Total	522	0	325	16	863

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	115
Skilled Under 22	0	0
Intermediate DD	153	163
Shelter	132	102

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	114	45	0	0	0	0	1	0	0	0	115	45	160
45 to 59	2	1	127	52	0	0	0	0	2	0	0	0	131	53	184
60 to 64	1	0	37	17	0	0	0	0	0	0	0	0	38	17	55
65 to 74	3	3	34	25	0	0	0	0	6	3	0	0	43	31	74
75 to 84	5	14	16	49	0	3	0	0	10	27	0	0	31	93	124
85 _Over	9	21	12	111	0	1	0	0	25	87	0	0	46	220	266
TOTALS	20	39	340	299	0	4	0	0	44	117	0	0	404	459	863

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	14.25
Physicians	3.00
Director of Nursing	8.00
Registered Nurses	38.80
LPN's	92.00
Certified Aides	489.10
Other Health Staff	22.15
Non-Health Staff	350.50
Totals	1017.80

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

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

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Sangamon
State of Illinois	
TOTAL FACILITIES	20
HOSPITAL BASED UNITS	2
FREE STANDING FACILITIES	18
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	9
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	6
MULTI-LICENSED FACILITIES	4
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	12
FOR PROFIT OWNERSHIP	7

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	10
Chronic Alcoholism	10
Developmentally Disabled	8
Drug Addiction	10
Medicaid Recipient	5
Medicare Recipient	8
Mental Illness	5
Non-Ambulatory	2
Non-Mobile	2
Public Aid Recipient	2
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	4
No Restrictions	2

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	43
Endocrine/Metabolic	75
Blood Disorders	26
*Nervous System	85
Alzheimer Disease	166
Mental Illness	211
Developmental Disability	173
Circulatory System	192
Respiratory System	58
Digestive System	46
Genitourinary System Disorders	20
Skin Disorders	15
Musculo-skeletal Disorders	85
Injuries and Poisonings	36
Other Medical Conditions	114
Non-Medical Conditions	166
TOTALS	1511

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1437	1376	1291	1372	1158	883	1124
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	173	173	170	170	169		173
Sheltered Care	251	243	202	234	184		
TOTAL BEDS	1861	1792	1663	1776	1511	883	1297

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	12	0	0	0	0	0	0	0	12	0	12
18 to 44	41	32	0	0	32	23	0	0	73	55	128
45 to 59	40	52	0	0	75	15	1	1	116	68	184
60 to 64	23	28	0	0	15	2	1	1	39	31	70
65 ro 74	48	74	0	0	3	3	4	4	55	81	136
75 to 84	83	199	0	0	1	0	20	29	104	228	332
85 _Over	85	441	0	0	0	0	29	94	114	535	649
TOTALS	332	826	0	0	126	43	55	129	513	998	1511

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	58070	193508	183478	435056	82.9	86.6
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		59159	827	59986	95.0	95.0
Shelter			64063	64063	69.9	72.2
TOTALS	58070	252667	248368	559105	82.3	85.5

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	58070	18.0	193508	47.2
SklUnd22			0	0.0
ICF/DD			59159	93.7
TOTALS	58070	18.0	252667	53.4

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

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

HEALTH SERVICE AREA 003
LTC PLANNING AREA 167

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	1564
B. Total Admissions 2005	3799
C. Total Discharges 2005	3852
D. Residents on December 31, 2005	1511

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	183	494	46	6	429	0	1158
SklUnd22	0	0	0	0	0	0	0
ICF/DD		166	0	0	3	0	169
Shelter			3	0	181	0	184
TOTALS	183	660	49	6	613	0	1511

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	35	0	1	0	36
Indian	0	0	0	0	0
Black	117	0	6	0	123
Hawaiin or Pacific Islander	0	0	0	1	1
White	863	0	162	183	1208
Unknown	143	0	0	0	143
Total	1158	0	169	184	1511
ETHNICITY					
Hispanic	4	0	1	1	6
Not Hispanic	1014	0	168	183	1365
Unknown	140	0	0	0	140
Total	1158	0	169	184	1511

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	196	188
Skilled Under 22	0	0
Intermediate DD	110	110
Shelter	71	78

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	10	0	2	0	0	0	0	0	0	0	12	0	12
18 to 44	18	8	35	30	17	12	0	0	3	5	0	0	73	55	128
45 to 59	9	9	93	43	5	10	0	0	9	6	0	0	116	68	184
60 to 64	0	2	32	26	0	0	2	1	5	2	0	0	39	31	70
65 to 74	12	17	32	40	0	0	2	1	9	23	0	0	55	81	136
75 to 84	17	31	34	83	0	3	0	0	53	111	0	0	104	228	332
85 _Over	12	48	22	180	0	0	0	0	80	307	0	0	114	535	649
TOTALS	68	115	258	402	24	25	4	2	159	454	0	0	513	998	1511

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	61.50
Physicians	5.40
Director of Nursing	16.00
Registered Nurses	113.53
LPN's	195.78
Certified Aides	509.47
Other Health Staff	160.82
Non-Health Staff	472.26
Totals	1534.76

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

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

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Champaign
State of Illinois	
TOTAL FACILITIES	11
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	11
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	6
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	3
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	4
FOR PROFIT OWNERSHIP	6

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	7
Chronic Alcoholism	7
Developmentally Disabled	3
Drug Addiction	8
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	5
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	17
Endocrine/Metabolic	61
Blood Disorders	10
*Nervous System	61
Alzheimer Disease	175
Mental Illness	50
Developmental Disability	147
Circulatory System	180
Respiratory System	56
Digestive System	23
Genitourinary System Disorders	8
Skin Disorders	8
Musculo-skeletal Disorders	59
Injuries and Poisonings	20
Other Medical Conditions	81
Non-Medical Conditions	0
TOTALS	956

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	979	959	858	959	785	851	820
Skilled Under 22	123	123	123	123	113		123
Intermediate DD	32	32	32	32	29		32
Sheltered Care	74	41	36	52	29		
TOTAL BEDS	1208	1155	1049	1166	956	851	975

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	15	16	0	0	0	0	15	16	31
18 to 44	8	2	39	28	8	4	0	0	55	34	89
45 to 59	15	22	6	4	8	7	0	0	29	33	62
60 to 64	12	11	1	3	0	1	0	0	13	15	28
65 ro 74	23	49	3	4	1	0	0	0	27	53	80
75 to 84	81	166	7	23	0	0	1	6	89	195	284
85 _Over	53	275	3	29	0	0	7	15	63	319	382
TOTALS	192	525	74	107	17	12	8	21	291	665	956

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	31878	139389	113243	284510	79.6	81.3
SklUnd22	41550	0	730	42280	94.2	94.2
ICF/DD		11553	0	11553	98.9	98.9
Shelter			10033	10033	37.1	67.0
TOTALS	73428	150942	124006	348376	79.0	82.6

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	31878	10.3	139389	46.6
SklUnd22			0	0.0
ICF/DD			11553	98.9
TOTALS	31878	10.3	150942	42.4

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

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

HEALTH SERVICE AREA 004
LTC PLANNING AREA 019

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	914
B. Total Admissions 2005	1823
C. Total Discharges 2005	1781
D. Residents on December 31, 2005	956

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	101	391	2	18	272	1	785
SklUnd22	0	111	0	0	2	0	113
ICF/DD		29	0	0	0	0	29
Shelter			0	0	29	0	29
TOTALS	101	531	2	18	303	1	956

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	1	0	1	4
Indian	0	0	0	0	0
Black	70	22	3	0	95
Hawaiin or Pacific Islander	0	0	0	0	0
White	711	90	26	28	855
Unknown	2	0	0	0	2
Total	785	113	29	29	956
ETHNICITY					
Hispanic	2	3	1	0	6
Not Hispanic	783	110	28	29	950
Unknown	0	0	0	0	0
Total	785	113	29	29	956

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	167	133
Skilled Under 22	0	159
Intermediate DD	300	150
Shelter	149	134

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	15	16	0	0	0	0	0	0	0	0	15	16	31
18 to 44	1	0	51	33	0	0	1	0	2	1	0	0	55	34	89
45 to 59	1	3	28	27	0	0	0	2	0	1	0	0	29	33	62
60 to 64	0	1	12	12	0	0	1	0	0	2	0	0	13	15	28
65 to 74	6	8	15	38	1	0	1	2	4	5	0	0	27	53	80
75 to 84	18	30	48	95	0	0	3	3	20	67	0	0	89	195	284
85 _Over	10	23	13	128	1	0	1	4	38	163	0	1	63	319	382
TOTALS	36	65	182	349	2	0	7	11	64	239	0	1	291	665	956

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	14.00
Physicians	0.00
Director of Nursing	10.50
Registered Nurses	60.50
LPN's	81.00
Certified Aides	405.25
Other Health Staff	47.00
Non-Health Staff	397.50
Totals	1015.75

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

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

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Clark
State of Illinois	
TOTAL FACILITIES	3
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	3
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	1

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
Other Restrictions	1
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System	25
Alzheimer Disease	35
Mental Illness	6
Developmental Disability	0
Circulatory System	74
Respiratory System	14
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	9
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	219

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	273	256	231	253	219	133	273
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	273	256	231	253	219	133	273

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	0	0	0	0	0	0	1	4	5
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 ro 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	17	49	0	0	0	0	0	0	17	49	66
85 _Over	24	104	0	0	0	0	0	0	24	104	128
TOTALS	51	168	0	0	0	0	0	0	51	168	219

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	7351	42564	30539	80454	80.7	86.1
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			0	0	0.0	0.0
TOTALS	7351	42564	30539	80454	80.7	86.1

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	7351	15.1	42564	42.7
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	7351	15.1	42564	42.7

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

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

HEALTH SERVICE AREA 004
LTC PLANNING AREA 023

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	214
B. Total Admissions 2005	266
C. Total Discharges 2005	261
D. Residents on December 31, 2005	219

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	118	0	1	84	0	219
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	0	0	0
TOTALS	16	118	0	1	84	0	219

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiin or Pacific Islander	0	0	0	0	0
White	219	0	0	0	219
Unknown	0	0	0	0	0
Total	219	0	0	0	219
ETHNICITY					
Hispanic	1	0	0	0	1
Not Hispanic	218	0	0	0	218
Unknown	0	0	0	0	0
Total	219	0	0	0	219

AVERAGE DAILY PAYMENT RATES

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

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	2	0	0	0	0	0	0	0	0	0	2	0	2
45 to 59	0	0	0	4	0	0	0	0	1	0	0	0	1	4	5
60 to 64	0	0	2	2	0	0	0	0	0	0	0	0	2	2	4
65 to 74	0	1	5	5	0	0	0	0	0	3	0	0	5	9	14
75 to 84	2	2	7	27	0	0	0	0	8	20	0	0	17	49	66
85 _Over	0	11	10	54	0	0	0	1	14	38	0	0	24	104	128
TOTALS	2	14	26	92	0	0	0	1	23	61	0	0	51	168	219

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	10.00
LPN's	23.00
Certified Aides	71.00
Other Health Staff	7.00
Non-Health Staff	74.00
Totals	191.00

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

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

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Coles/Cumberland
State of Illinois	
TOTAL FACILITIES	12
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	11
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	8
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	3
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	4
FOR PROFIT OWNERSHIP	8

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	6
Chronic Alcoholism	6
Developmentally Disabled	4
Drug Addiction	6
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	3
Non-Ambulatory	1
Non-Mobile	0
Public Aid Recipient	1
Under 65 Years Old	1
Unable to Self-Medicate	0
Other Restrictions	2
No Restrictions	3

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	36
Blood Disorders	21
*Nervous System	28
Alzheimer Disease	57
Mental Illness	99
Developmental Disability	61
Circulatory System	106
Respiratory System	49
Digestive System	17
Genitourinary System Disorders	28
Skin Disorders	2
Musculo-skeletal Disorders	48
Injuries and Poisonings	24
Other Medical Conditions	53
Non-Medical Conditions	1
TOTALS	642

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	907	874	756	870	595	598	900
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	47	47	47	47	46		47
Sheltered Care	1	1	1	1	1		
TOTAL BEDS	955	922	804	918	642	598	947

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	15	10	0	0	9	6	0	0	24	16	40
45 to 59	33	27	0	0	12	8	0	0	45	35	80
60 to 64	13	20	0	0	1	3	0	0	14	23	37
65 ro 74	28	43	0	0	2	3	0	0	30	46	76
75 to 84	42	128	0	0	1	1	0	0	43	129	172
85 _Over	45	191	0	0	0	0	0	1	45	192	237
TOTALS	176	419	0	0	25	21	0	1	201	441	642

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	24638	144484	56418	225540	68.1	70.7
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		16465	0	16465	96.0	96.0
Shelter			548	548	150.1	150.1
TOTALS	24638	160949	56966	242553	69.6	72.1

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	24638	11.3	144484	44.0
SklUnd22			0	0.0
ICF/DD			16465	96.0
TOTALS	24638	11.3	160949	46.6

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

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

HEALTH SERVICE AREA 004
LTC PLANNING AREA 029

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	676
B. Total Admissions 2005	955
C. Total Discharges 2005	989
D. Residents on December 31, 2005	642

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	57	385	1	3	149	0	595
SklUnd22	0	0	0	0	0	0	0
ICF/DD		46	0	0	0	0	46
Shelter			0	0	1	0	1
TOTALS	57	431	1	3	150	0	642

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Indian	0	0	0	0	0
Black	25	0	2	0	27
Hawaiin or Pacific Islander	0	0	0	0	0
White	570	0	44	0	614
Unknown	0	0	0	0	0
Total	596	0	46	0	642
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	530	0	46	1	577
Unknown	65	0	0	0	65
Total	595	0	46	1	642

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	146
Skilled Under 22	0	0
Intermediate DD	124	124
Shelter	105	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	24	16	0	0	0	0	0	0	0	0	24	16	40
45 to 59	4	0	39	33	0	0	1	1	1	1	0	0	45	35	80
60 to 64	0	0	12	21	0	0	0	1	2	1	0	0	14	23	37
65 to 74	2	3	20	35	0	0	0	0	8	8	0	0	30	46	76
75 to 84	12	10	23	83	1	0	0	0	7	36	0	0	43	129	172
85 _Over	8	18	28	97	0	0	0	0	9	77	0	0	45	192	237
TOTALS	26	31	146	285	1	0	1	2	27	123	0	0	201	441	642

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	9.75
Physicians	0.00
Director of Nursing	9.00
Registered Nurses	35.55
LPN's	76.80
Certified Aides	261.85
Other Health Staff	101.10
Non-Health Staff	116.00
Totals	610.05

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

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

HEALTH SERVICE AREA	004
LTC PLANNING AREA	DeWitt
State of Illinois	
TOTAL FACILITIES	2
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	2
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	1
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	1

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	2
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	2
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System	1
Alzheimer Disease	7
Mental Illness	1
Developmental Disability	17
Circulatory System	13
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	7
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	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	56	56	56	56	46	0	51
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16		16
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	72	72	72	72	62	0	67

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	4	0	0	3	4	7
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	1	0	0	0	2	1	0	0	3	1	4
65 ro 74	1	2	0	0	2	1	0	0	3	3	6
75 to 84	5	13	0	0	0	0	0	0	5	13	18
85 _Over	4	19	0	0	0	0	0	0	4	19	23
TOTALS	12	34	0	0	8	8	0	0	20	42	62

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	0	11837	6614	18451	90.3	90.3
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5607	0	5607	96.0	96.0
Shelter			0	0	0.0	0.0
TOTALS	0	17444	6614	24058	91.5	91.5

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	0	#Div/0!	11837	63.6
SklUnd22			0	0.0
ICF/DD			5607	96.0
TOTALS	0	#Div/0!	17444	71.3

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

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

HEALTH SERVICE AREA 004
LTC PLANNING AREA 039

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	66
B. Total Admissions 2005	25
C. Total Discharges 2005	29
D. Residents on December 31, 2005	62

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	29	0	0	17	0	46
SklUnd22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Shelter			0	0	0	0	0
TOTALS	0	45	0	0	17	0	62

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiin or Pacific Islander	0	0	0	0	0
White	46	0	14	0	60
Unknown	0	0	0	0	0
Total	46	0	16	0	62
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	46	0	16	0	62
Unknown	0	0	0	0	0
Total	46	0	16	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	141	103
Skilled Under 22	0	0
Intermediate DD	0	113
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	3	4	0	0	0	0	0	0	0	0	3	4	7
45 to 59	0	0	2	2	0	0	0	0	0	0	0	0	2	2	4
60 to 64	0	0	3	1	0	0	0	0	0	0	0	0	3	1	4
65 to 74	0	0	3	3	0	0	0	0	0	0	0	0	3	3	6
75 to 84	0	0	3	9	0	0	0	0	2	4	0	0	5	13	18
85 _Over	0	0	3	9	0	0	0	0	1	10	0	0	4	19	23
TOTALS	0	0	17	28	0	0	0	0	3	14	0	0	20	42	62

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.25
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	3.00
Certified Aides	24.00
Other Health Staff	4.00
Non-Health Staff	13.00
Totals	49.25

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

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

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Douglas
State of Illinois	
TOTAL FACILITIES	4
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	4
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	4

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	2
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System	26
Alzheimer Disease	10
Mental Illness	49
Developmental Disability	17
Circulatory System	51
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	2
Other Medical Conditions	17
Non-Medical Conditions	1
TOTALS	210

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	233	216	216	218	194	110	233
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16		16
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	249	232	232	234	210	110	249

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	0	0	5	4	0	0	9	6	15
45 to 59	16	8	0	0	0	0	0	0	16	8	24
60 to 64	6	6	0	0	3	2	0	0	9	8	17
65 ro 74	12	14	0	0	0	1	0	0	12	15	27
75 to 84	20	30	0	0	0	1	0	0	20	31	51
85 _Over	16	60	0	0	0	0	0	0	16	60	76
TOTALS	74	120	0	0	8	8	0	0	82	128	210

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	2905	53532	16137	72574	85.3	92.1
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5751	0	5751	98.5	98.5
Shelter			0	0	0.0	0.0
TOTALS	2905	59283	16137	78325	86.2	92.5

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	2905	7.2	53532	62.9
SklUnd22			0	0.0
ICF/DD			5751	98.5
TOTALS	2905	7.2	59283	65.2

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

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

HEALTH SERVICE AREA 004
LTC PLANNING AREA 041

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	199
B. Total Admissions 2005	153
C. Total Discharges 2005	142
D. Residents on December 31, 2005	210

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	141	5	0	36	0	194
SklUnd22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Shelter			0	0	0	0	0
TOTALS	12	157	5	0	36	0	210

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Indian	0	0	0	0	0
Black	6	0	3	0	9
Hawaiin or Pacific Islander	0	0	0	0	0
White	188	0	12	0	200
Unknown	0	0	0	0	0
Total	194	0	16	0	210
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	194	0	16	0	210
Unknown	0	0	0	0	0
Total	194	0	16	0	210

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	112
Skilled Under 22	0	0
Intermediate DD	127	127
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	9	6	0	0	0	0	0	0	0	0	9	6	15
45 to 59	1	0	11	7	3	0	0	0	1	1	0	0	16	8	24
60 to 64	0	0	8	8	0	0	0	0	1	0	0	0	9	8	17
65 to 74	0	0	9	15	2	0	0	0	1	0	0	0	12	15	27
75 to 84	2	7	17	16	0	0	0	0	1	8	0	0	20	31	51
85 _Over	0	2	12	39	0	0	0	0	4	19	0	0	16	60	76
TOTALS	3	9	66	91	5	0	0	0	8	28	0	0	82	128	210

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.25
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	7.25
LPN's	13.00
Certified Aides	65.00
Other Health Staff	8.00
Non-Health Staff	47.00
Totals	146.50

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

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

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Edgar
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	5
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	3
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	0
Chronic Alcoholism	2
Developmentally Disabled	1
Drug Addiction	3
Medicaid Recipient	0
Medicare Recipient	2
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	21
Blood Disorders	0
*Nervous System	17
Alzheimer Disease	49
Mental Illness	14
Developmental Disability	31
Circulatory System	60
Respiratory System	14
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	9
Other Medical Conditions	18
Non-Medical Conditions	5
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	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	299	297	243	283	221	255	299
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	32	32	32	32	31		32
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	331	329	275	315	252	255	331

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	7	0	0	13	7	20
45 to 59	3	12	0	0	4	3	0	0	7	15	22
60 to 64	1	8	0	0	1	1	0	0	2	9	11
65 ro 74	5	13	0	0	1	1	0	0	6	14	20
75 to 84	13	39	0	0	0	0	0	0	13	39	52
85 _Over	26	101	0	0	0	0	0	0	26	101	127
TOTALS	48	173	0	0	19	12	0	0	67	185	252

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	9273	53358	20618	83249	76.3	76.8
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		11469	0	11469	98.2	98.2
Shelter			0	0	0.0	0.0
TOTALS	9273	64827	20618	94718	78.4	78.9

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	9273	10.0	53358	48.9
SklUnd22			0	0.0
ICF/DD			11469	98.2
TOTALS	9273	10.0	64827	53.7

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

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

HEALTH SERVICE AREA 004
LTC PLANNING AREA 045

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	275
B. Total Admissions 2005	305
C. Total Discharges 2005	328
D. Residents on December 31, 2005	252

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	142	0	0	58	0	221
SklUnd22	0	0	0	0	0	0	0
ICF/DD		31	0	0	0	0	31
Shelter			0	0	0	0	0
TOTALS	21	173	0	0	58	0	252

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiin or Pacific Islander	0	0	0	0	0
White	221	0	31	0	252
Unknown	0	0	0	0	0
Total	221	0	31	0	252
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	221	0	31	0	252
Unknown	0	0	0	0	0
Total	221	0	31	0	252

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	118
Skilled Under 22	0	0
Intermediate DD	106	106
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	13	7	0	0	0	0	0	0	0	0	13	7	20
45 to 59	0	1	7	14	0	0	0	0	0	0	0	0	7	15	22
60 to 64	0	1	2	7	0	0	0	0	0	1	0	0	2	9	11
65 to 74	2	1	3	10	0	0	0	0	1	3	0	0	6	14	20
75 to 84	1	4	8	25	0	0	0	0	4	10	0	0	13	39	52
85 _Over	4	7	13	64	0	0	0	0	9	30	0	0	26	101	127
TOTALS	7	14	46	127	0	0	0	0	14	44	0	0	67	185	252

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.00
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	18.00
LPN's	33.00
Certified Aides	120.00
Other Health Staff	20.00
Non-Health Staff	82.00
Totals	282.00

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

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

HEALTH SERVICE AREA	004
LTC PLANNING AREA	DeWitt
State of Illinois	
TOTAL FACILITIES	1
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	1
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	1
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	1

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System	7
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	43
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	91

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	98	98	98	91	98	98
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	98	98	98	98	91	98	98

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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 ro 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	4	23	0	0	0	0	0	0	4	23	27
85 _Over	11	46	0	0	0	0	0	0	11	46	57
TOTALS	18	73	0	0	0	0	0	0	18	73	91

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	3506	15192	11301	29999	83.9	83.9
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			0	0	0.0	0.0
TOTALS	3506	15192	11301	29999	83.9	83.9

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	3506	9.8	15192	42.5
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	3506	9.8	15192	42.5

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

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

HEALTH SERVICE AREA 004
LTC PLANNING AREA 051

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	0
B. Total Admissions 2005	151
C. Total Discharges 2005	60
D. Residents on December 31, 2005	91

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	44	0	0	37	0	91
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	0	0	0
TOTALS	10	44	0	0	37	0	91

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiin or Pacific Islander	0	0	0	0	0
White	91	0	0	0	91
Unknown	0	0	0	0	0
Total	91	0	0	0	91
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	91	0	0	0	91
Unknown	0	0	0	0	0
Total	91	0	0	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	1	0	0	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	1	3	0	0	0	0	1	0	0	0	3	3	6
75 to 84	1	2	3	13	0	0	0	0	0	8	0	0	4	23	27
85 _Over	1	5	1	22	0	0	0	0	9	19	0	0	11	46	57
TOTALS	3	7	5	39	0	0	0	0	10	27	0	0	18	73	91

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	41.00
Other Health Staff	3.00
Non-Health Staff	33.00
Totals	95.00

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

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

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Ford
State of Illinois	
TOTAL FACILITIES	7
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	6
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	7
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	3
FOR PROFIT OWNERSHIP	4

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	0
Chronic Alcoholism	2
Developmentally Disabled	4
Drug Addiction	2
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	3
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	1
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	28
Blood Disorders	6
*Nervous System	22
Alzheimer Disease	82
Mental Illness	23
Developmental Disability	0
Circulatory System	78
Respiratory System	26
Digestive System	16
Genitourinary System Disorders	6
Skin Disorders	6
Musculo-skeletal Disorders	40
Injuries and Poisonings	8
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	372

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	417	416	392	408	372	328	278
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	417	416	392	408	372	328	278

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	0	0	0	0	0	0	1	2	3
45 to 59	4	6	0	0	0	0	0	0	4	6	10
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 ro 74	13	24	0	0	0	0	0	0	13	24	37
75 to 84	49	82	0	0	0	0	0	0	49	82	131
85 _Over	46	141	0	0	0	0	0	0	46	141	187
TOTALS	114	258	0	0	0	0	0	0	114	258	372

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	15214	53733	62055	131002	86.1	86.3
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			0	0	0.0	0.0
TOTALS	15214	53733	62055	131002	86.1	86.3

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	15214	12.7	53733	53.0
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	15214	12.7	53733	53.0

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

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

HEALTH SERVICE AREA 004
LTC PLANNING AREA 053

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	347
B. Total Admissions 2005	558
C. Total Discharges 2005	533
D. Residents on December 31, 2005	372

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	45	150	0	13	164	0	372
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	0	0	0
TOTALS	45	150	0	13	164	0	372

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiin or Pacific Islander	0	0	0	0	0
White	370	0	0	0	370
Unknown	0	0	0	0	0
Total	372	0	0	0	372
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	372	0	0	0	372
Unknown	0	0	0	0	0
Total	372	0	0	0	372

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	132	122
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	1	2	0	0	0	0	0	0	0	0	1	2	3
45 to 59	0	0	4	6	0	0	0	0	0	0	0	0	4	6	10
60 to 64	0	0	1	3	0	0	0	0	0	0	0	0	1	3	4
65 to 74	6	4	3	17	0	0	1	1	3	2	0	0	13	24	37
75 to 84	8	12	16	36	0	0	1	3	24	31	0	0	49	82	131
85 _Over	2	13	11	50	0	0	2	5	31	73	0	0	46	141	187
TOTALS	16	29	36	114	0	0	4	9	58	106	0	0	114	258	372

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	30.00
LPN's	36.00
Certified Aides	145.00
Other Health Staff	23.00
Non-Health Staff	136.00
Totals	385.00

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

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

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Iroquois
State of Illinois	
TOTAL FACILITIES	9
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	9
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	7
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	4
FOR PROFIT OWNERSHIP	5

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	3
Chronic Alcoholism	3
Developmentally Disabled	3
Drug Addiction	4
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	5
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	1
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	21
Blood Disorders	3
*Nervous System	30
Alzheimer Disease	84
Mental Illness	15
Developmental Disability	22
Circulatory System	93
Respiratory System	43
Digestive System	15
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	27
Injuries and Poisonings	2
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	391

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	564	528	442	477	376	190	453
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	41	16	16	16	15		16
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	605	544	458	493	391	190	469

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	3	0	0	3	3	0	0	10	6	16
45 to 59	13	4	0	0	3	5	0	0	16	9	25
60 to 64	8	11	0	0	0	0	0	0	8	11	19
65 ro 74	16	32	0	0	1	0	0	0	17	32	49
75 to 84	30	91	0	0	0	0	0	0	30	91	121
85 _Over	41	120	0	0	0	0	0	0	41	120	161
TOTALS	115	261	0	0	7	8	0	0	122	269	391

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	16903	69465	60885	147253	71.5	76.4
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5807	0	5807	38.8	99.4
Shelter			0	0	0.0	0.0
TOTALS	16903	75272	60885	153060	69.3	77.1

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	16903	24.4	69465	42.0
SklUnd22			0	0.0
ICF/DD			5807	99.4
TOTALS	16903	24.4	75272	44.0

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

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

HEALTH SERVICE AREA 004
LTC PLANNING AREA 075

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	430
B. Total Admissions 2005	560
C. Total Discharges 2005	599
D. Residents on December 31, 2005	391

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	43	165	0	1	167	0	376
SklUnd22	0	0	0	0	0	0	0
ICF/DD		15	0	0	0	0	15
Shelter			0	0	0	0	0
TOTALS	43	180	0	1	167	0	391

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	1	0	0	0	1
Black	3	0	0	0	3
Hawaiin or Pacific Islander	0	0	0	0	0
White	372	0	15	0	387
Unknown	0	0	0	0	0
Total	376	0	15	0	391
ETHNICITY					
Hispanic	2	0	0	0	2
Not Hispanic	266	0	15	0	281
Unknown	108	0	0	0	108
Total	376	0	15	0	391

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	122
Skilled Under 22	0	0
Intermediate DD	300	150
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	10	6	0	0	0	0	0	0	0	0	10	6	16
45 to 59	1	0	13	8	0	0	0	0	2	1	0	0	16	9	25
60 to 64	0	0	6	9	0	0	1	0	1	2	0	0	8	11	19
65 to 74	1	3	11	17	0	0	0	0	5	12	0	0	17	32	49
75 to 84	6	15	14	34	0	0	0	0	10	42	0	0	30	91	121
85 _Over	7	10	9	43	0	0	0	0	25	67	0	0	41	120	161
TOTALS	15	28	63	117	0	0	1	0	43	124	0	0	122	269	391

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	0.00
Director of Nursing	7.25
Registered Nurses	24.25
LPN's	54.00
Certified Aides	156.50
Other Health Staff	32.00
Non-Health Staff	95.00
Totals	377.00

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

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

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Livingston
State of Illinois	
TOTAL FACILITIES	8
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	8
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	2
NON-PROFIT OWNERSHIP	4
FOR PROFIT OWNERSHIP	2

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Lee
State of Illinois	
TOTAL FACILITIES	1
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	1
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	0
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	6
Chronic Alcoholism	7
Developmentally Disabled	5
Drug Addiction	8
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	4
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	24
Blood Disorders	2
*Nervous System	31
Alzheimer Disease	45
Mental Illness	16
Developmental Disability	157
Circulatory System	178
Respiratory System	17
Digestive System	9
Genitourinary System Disorders	10
Skin Disorders	2
Musculo-skeletal Disorders	55
Injuries and Poisonings	20
Other Medical Conditions	66
Non-Medical Conditions	23
TOTALS	662

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	541	537	486	524	416	133	480
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	201	201	163	162	155		167
Sheltered Care	199	109	101	106	91		
TOTAL BEDS	941	847	750	792	662	133	647

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	55	48	0	0	56	48	104
45 to 59	9	6	0	0	26	20	0	0	35	26	61
60 to 64	3	8	0	0	2	1	0	1	5	10	15
65 ro 74	9	17	0	0	0	2	0	2	9	21	30
75 to 84	31	82	0	0	1	0	8	20	40	102	142

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

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

85 _Over	41	209	0	0	0	0	11	49	52	258	310
TOTALS	94	322	0	0	84	71	19	72	197	465	662

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	11900	80514	68974	161388	81.7	82.3
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		57590	0	57590	78.5	78.5
Shelter			33237	33237	45.8	83.5
TOTALS	11900	138104	102211	252215	73.4	81.6

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	11900	24.5	80514	46.0
SklUnd22			0	0.0
ICF/DD			57590	94.5
TOTALS	11900	24.5	138104	58.5

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

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

HEALTH SERVICE AREA 004
LTC PLANNING AREA 105

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	721
B. Total Admissions 2005	398
C. Total Discharges 2005	457
D. Residents on December 31, 2005	662

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	217	0	1	171	0	416
SklUnd22	0	0	0	0	0	0	0
ICF/DD		155	0	0	0	0	155
Shelter			2	0	89	0	91
TOTALS	27	372	2	1	260	0	662

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Indian	0	0	0	0	0
Black	0	0	22	0	22
Hawaiin or Pacific Islander	2	0	0	0	2
White	414	0	118	91	623
Unknown	0	0	14	0	14
Total	416	0	155	91	662
ETHNICITY					
Hispanic	0	0	7	0	7
Not Hispanic	416	0	148	91	655
Unknown	0	0	0	0	0
Total	416	0	155	91	662

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	135
Skilled Under 22	0	0
Intermediate DD	436	436
Shelter	106	65

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	55	48	0	0	0	0	0	0	0	0	56	48	104
45 to 59	1	0	33	25	0	0	0	1	1	0	0	0	35	26	61
60 to 64	0	0	5	8	0	0	0	0	0	2	0	0	5	10	15
65 to 74	0	0	5	18	0	0	0	0	4	3	0	0	9	21	30
75 to 84	1	8	19	50	0	0	0	0	20	44	0	0	40	102	142
85 _Over	2	14	20	86	0	2	0	0	30	156	0	0	52	258	310
TOTALS	5	22	137	235	0	2	0	1	55	205	0	0	197	465	662

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	127.00
Physicians	2.00
Director of Nursing	10.00
Registered Nurses	48.36
LPN's	60.54
Certified Aides	207.04
Other Health Staff	163.80
Non-Health Staff	299.88
Totals	918.62

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

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

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Livingston
State of Illinois	
TOTAL FACILITIES	8
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	8
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	2
NON-PROFIT OWNERSHIP	4
FOR PROFIT OWNERSHIP	2

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Lee
State of Illinois	
TOTAL FACILITIES	1
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	1
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	0
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	6
Chronic Alcoholism	7
Developmentally Disabled	5
Drug Addiction	8
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	4
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	24
Blood Disorders	2
*Nervous System	31
Alzheimer Disease	45
Mental Illness	16
Developmental Disability	157
Circulatory System	178
Respiratory System	17
Digestive System	9
Genitourinary System Disorders	10
Skin Disorders	2
Musculo-skeletal Disorders	55
Injuries and Poisonings	20
Other Medical Conditions	66
Non-Medical Conditions	23
TOTALS	662

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	541	537	486	524	416	133	480
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	201	201	163	162	155		167
Sheltered Care	199	109	101	106	91		
TOTAL BEDS	941	847	750	792	662	133	647

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	55	48	0	0	56	48	104
45 to 59	9	6	0	0	26	20	0	0	35	26	61
60 to 64	3	8	0	0	2	1	0	1	5	10	15
65 ro 74	9	17	0	0	0	2	0	2	9	21	30
75 to 84	31	82	0	0	1	0	8	20	40	102	142

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

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

85 _Over	41	209	0	0	0	0	11	49	52	258	310
TOTALS	94	322	0	0	84	71	19	72	197	465	662

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	11900	80514	68974	161388	81.7	82.3
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		57590	0	57590	78.5	78.5
Shelter			33237	33237	45.8	83.5
TOTALS	11900	138104	102211	252215	73.4	81.6

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	11900	24.5	80514	46.0
SklUnd22			0	0.0
ICF/DD			57590	94.5
TOTALS	11900	24.5	138104	58.5

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

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

HEALTH SERVICE AREA 004
LTC PLANNING AREA 105

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	721
B. Total Admissions 2005	398
C. Total Discharges 2005	457
D. Residents on December 31, 2005	662

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	217	0	1	171	0	416
SklUnd22	0	0	0	0	0	0	0
ICF/DD		155	0	0	0	0	155
Shelter			2	0	89	0	91
TOTALS	27	372	2	1	260	0	662

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Indian	0	0	0	0	0
Black	0	0	22	0	22
Hawaiin or Pacific Islander	2	0	0	0	2
White	414	0	118	91	623
Unknown	0	0	14	0	14
Total	416	0	155	91	662
ETHNICITY					
Hispanic	0	0	7	0	7
Not Hispanic	416	0	148	91	655
Unknown	0	0	0	0	0
Total	416	0	155	91	662

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	135
Skilled Under 22	0	0
Intermediate DD	436	436
Shelter	106	65

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	55	48	0	0	0	0	0	0	0	0	56	48	104
45 to 59	1	0	33	25	0	0	0	1	1	0	0	0	35	26	61
60 to 64	0	0	5	8	0	0	0	0	0	2	0	0	5	10	15
65 to 74	0	0	5	18	0	0	0	0	4	3	0	0	9	21	30
75 to 84	1	8	19	50	0	0	0	0	20	44	0	0	40	102	142
85 _Over	2	14	20	86	0	2	0	0	30	156	0	0	52	258	310
TOTALS	5	22	137	235	0	2	0	1	55	205	0	0	197	465	662

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	127.00
Physicians	2.00
Director of Nursing	10.00
Registered Nurses	48.36
LPN's	60.54
Certified Aides	207.04
Other Health Staff	163.80
Non-Health Staff	299.88
Totals	918.62

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

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

HEALTH SERVICE AREA	004
LTC PLANNING AREA	McLean
State of Illinois	
TOTAL FACILITIES	11
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	10
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	10
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	8

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	5
Chronic Alcoholism	7
Developmentally Disabled	5
Drug Addiction	8
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	5
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	2
Under 65 Years Old	1
Unable to Self-Medicate	0
Other Restrictions	1
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	21
Endocrine/Metabolic	46
Blood Disorders	27
*Nervous System	56
Alzheimer Disease	166
Mental Illness	38
Developmental Disability	6
Circulatory System	172
Respiratory System	58
Digestive System	35
Genitourinary System Disorders	17
Skin Disorders	19
Musculo-skeletal Disorders	45
Injuries and Poisonings	92
Other Medical Conditions	109
Non-Medical Conditions	0
TOTALS	907

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1105	1076	992	1075	905	566	944
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0		0
Sheltered Care	29	10	3	8	2		
TOTAL BEDS	1134	1086	995	1083	907	566	944

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	12	12	0	0	0	0	0	0	12	12	24
60 to 64	9	11	0	0	0	0	0	0	9	11	20
65 ro 74	32	63	0	0	0	0	0	0	32	63	95
75 to 84	74	219	0	0	0	0	0	1	74	220	294
85 _Over	99	369	0	0	0	0	0	1	99	370	469
TOTALS	229	676	0	0	0	0	0	2	229	678	907

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	33503	159518	138638	331659	82.2	84.4
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			734	734	6.9	20.1
TOTALS	33503	159518	139372	332393	80.3	83.9

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	33503	16.2	159518	46.3
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	33503	16.2	159518	46.3

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

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

HEALTH SERVICE AREA 004
LTC PLANNING AREA 113

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	907
B. Total Admissions 2005	1502
C. Total Discharges 2005	1502
D. Residents on December 31, 2005	907

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	99	451	0	14	341	0	905
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	2	0	2
TOTALS	99	451	0	14	343	0	907

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Indian	0	0	0	0	0
Black	21	0	0	0	21
Hawaiin or Pacific Islander	1	0	0	0	1
White	882	0	0	2	884
Unknown	0	0	0	0	0
Total	905	0	0	2	907
ETHNICITY					
Hispanic	1	0	0	0	1
Not Hispanic	761	0	0	2	763
Unknown	143	0	0	0	143
Total	905	0	0	2	907

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	179	158
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	108	98

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	2	2	0	0	0	0	1	0	0	0	3	2	5
45 to 59	2	0	7	9	0	0	1	0	2	3	0	0	12	12	24
60 to 64	1	0	6	6	0	0	1	2	1	3	0	0	9	11	20
65 to 74	4	15	22	32	0	0	1	3	5	13	0	0	32	63	95
75 to 84	16	26	37	112	0	0	0	4	21	78	0	0	74	220	294
85 _Over	14	21	40	176	0	0	0	2	45	171	0	0	99	370	469
TOTALS	37	62	114	337	0	0	3	11	75	268	0	0	229	678	907

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	11.50
Physicians	0.05
Director of Nursing	10.50
Registered Nurses	60.20
LPN's	93.40
Certified Aides	357.20
Other Health Staff	35.50
Non-Health Staff	315.00
Totals	883.35

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

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

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Macon
State of Illinois	
TOTAL FACILITIES	20
HOSPITAL BASED UNITS	2
FREE STANDING FACILITIES	18
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	11
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	8
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	5
FOR PROFIT OWNERSHIP	15

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	9
Chronic Alcoholism	11
Developmentally Disabled	6
Drug Addiction	14
Medicaid Recipient	2
Medicare Recipient	2
Mental Illness	7
Non-Ambulatory	6
Non-Mobile	7
Public Aid Recipient	0
Under 65 Years Old	2
Unable to Self-Medicate	6
Other Restrictions	1
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	25
Endocrine/Metabolic	47
Blood Disorders	9
*Nervous System	62
Alzheimer Disease	126
Mental Illness	159
Developmental Disability	98
Circulatory System	280
Respiratory System	65
Digestive System	17
Genitourinary System Disorders	23
Skin Disorders	5
Musculo-skeletal Disorders	89
Injuries and Poisonings	28
Other Medical Conditions	110
Non-Medical Conditions	18
TOTALS	1161

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1286	1220	1172	1194	1060	876	1037
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	95	95	95	95	92		95
Sheltered Care	26	15	9	15	9		
TOTAL BEDS	1407	1330	1276	1304	1161	876	1132

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	18	12	0	0	21	17	0	0	39	29	68
45 to 59	42	38	0	0	19	18	0	0	61	56	117
60 to 64	19	13	0	0	4	3	0	0	23	16	39
65 ro 74	46	68	0	0	7	1	0	0	53	69	122
75 to 84	93	254	0	0	1	0	0	1	94	255	349
85 _Over	90	367	0	0	1	0	0	8	91	375	466
TOTALS	308	752	0	0	53	39	0	9	361	800	1161

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	57827	228928	107967	394722	84.1	88.6
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		33338	365	33703	97.2	97.2
Shelter			2715	2715	28.6	49.6
TOTALS	57827	262266	111047	431140	84.0	88.8

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	57827	18.1	228928	60.5
SklUnd22			0	0.0
ICF/DD			33338	96.1
TOTALS	57827	18.1	262266	63.5

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

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

HEALTH SERVICE AREA 004
LTC PLANNING AREA 115

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	1191
B. Total Admissions 2005	2138
C. Total Discharges 2005	2168
D. Residents on December 31, 2005	1161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	150	636	4	3	267	0	1060
SklUnd22	0	0	0	0	0	0	0
ICF/DD		91	0	0	1	0	92
Shelter			0	0	9	0	9
TOTALS	150	727	4	3	277	0	1161

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Indian	0	0	0	0	0
Black	114	0	6	0	120
Hawaiin or Pacific Islander	0	0	0	0	0
White	944	0	86	9	1039
Unknown	1	0	0	0	1
Total	1060	0	92	9	1161
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	950	0	92	9	1051
Unknown	110	0	0	0	110
Total	1060	0	92	9	1161

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	153	127
Skilled Under 22	0	0
Intermediate DD	162	132
Shelter	140	140

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	39	29	0	0	0	0	0	0	0	0	39	29	68
45 to 59	3	1	52	54	2	0	1	0	3	1	0	0	61	56	117
60 to 64	1	1	22	14	0	0	0	0	0	1	0	0	23	16	39
65 to 74	7	19	38	41	1	0	0	0	7	9	0	0	53	69	122
75 to 84	17	35	54	160	1	0	1	1	21	59	0	0	94	255	349
85 _Over	20	46	45	179	0	0	0	0	26	150	0	0	91	375	466
TOTALS	48	102	250	477	4	0	2	1	57	220	0	0	361	800	1161

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	14.33
Physicians	0.00
Director of Nursing	12.00
Registered Nurses	60.35
LPN's	127.80
Certified Aides	386.95
Other Health Staff	102.50
Non-Health Staff	303.89
Totals	1007.82

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

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

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Moultrie
State of Illinois	
TOTAL FACILITIES	7
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	7
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	3
FOR PROFIT OWNERSHIP	4

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	3
Chronic Alcoholism	5
Developmentally Disabled	3
Drug Addiction	4
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	3
Non-Mobile	2
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	2
Other Restrictions	0
No Restrictions	2

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	35
Blood Disorders	5
*Nervous System	32
Alzheimer Disease	30
Mental Illness	34
Developmental Disability	38
Circulatory System	70
Respiratory System	33
Digestive System	8
Genitourinary System Disorders	13
Skin Disorders	3
Musculo-skeletal Disorders	23
Injuries and Poisonings	13
Other Medical Conditions	4
Non-Medical Conditions	10
TOTALS	356

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	401	344	307	344	293	228	300
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	32	32	32	32	32		32
Sheltered Care	62	58	37	58	31		
TOTAL BEDS	495	434	376	434	356	228	332

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	9	7	0	0	9	7	16
45 to 59	4	8	0	0	2	8	2	0	8	16	24
60 to 64	3	3	0	0	2	2	1	0	6	5	11
65 ro 74	13	19	0	0	0	1	0	0	13	20	33
75 to 84	34	57	0	0	1	0	0	9	35	66	101
85 _Over	27	125	0	0	0	0	2	17	29	142	171
TOTALS	81	212	0	0	14	18	5	26	100	256	356

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	22784	33641	46417	102842	70.3	81.9
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		10498	0	10498	89.9	89.9
Shelter			11670	11670	51.6	55.1
TOTALS	22784	44139	58087	125010	69.2	78.9

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	22784	27.4	33641	30.7
SklUnd22			0	0.0
ICF/DD			10498	89.9
TOTALS	22784	27.4	44139	36.4

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

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

HEALTH SERVICE AREA 004
LTC PLANNING AREA 139

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	335
B. Total Admissions 2005	297
C. Total Discharges 2005	276
D. Residents on December 31, 2005	356

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	134	0	0	84	41	293
SklUnd22	0	0	0	0	0	0	0
ICF/DD		32	0	0	0	0	32
Shelter			0	0	17	14	31
TOTALS	34	166	0	0	101	55	356

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	3	0	2	0	5
Hawaiin or Pacific Islander	0	0	0	0	0
White	290	0	30	31	351
Unknown	0	0	0	0	0
Total	293	0	32	31	356
ETHNICITY					
Hispanic	1	0	0	0	1
Not Hispanic	292	0	32	31	355
Unknown	0	0	0	0	0
Total	293	0	32	31	356

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	111
Skilled Under 22	0	0
Intermediate DD	119	119
Shelter	78	78

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	9	7	0	0	0	0	0	0	0	0	9	7	16
45 to 59	1	1	5	13	0	0	0	0	1	1	1	1	8	16	24
60 to 64	0	0	5	4	0	0	0	0	1	1	0	0	6	5	11
65 to 74	2	2	9	15	0	0	0	0	1	1	1	2	13	20	33
75 to 84	4	6	19	34	0	0	0	0	8	16	4	10	35	66	101
85 _Over	2	16	9	37	0	0	0	0	13	58	5	31	29	142	171
TOTALS	9	25	56	110	0	0	0	0	24	77	11	44	100	256	356

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.50
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	18.00
LPN's	38.50
Certified Aides	126.00
Other Health Staff	16.00
Non-Health Staff	146.75
Totals	354.75

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

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

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Piatt
State of Illinois	
TOTAL FACILITIES	3
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	3
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	2
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	2
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	12
Alzheimer Disease	22
Mental Illness	25
Developmental Disability	16
Circulatory System	51
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	13
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	174

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	160	160	159	160	158	108	160
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16		16
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	176	176	175	176	174	108	176

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	5	0	0	4	5	9
45 to 59	2	2	0	0	5	2	0	0	7	4	11
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 ro 74	5	13	0	0	0	1	0	0	5	14	19
75 to 84	13	33	0	0	0	0	0	0	13	33	46
85 _Over	10	76	0	0	0	0	0	0	10	76	86
TOTALS	31	127	0	0	8	8	0	0	39	135	174

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	2526	31906	22051	56483	96.7	96.7
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5840	0	5840	100.0	100.0
Shelter			0	0	0.0	0.0
TOTALS	2526	37746	22051	62323	97.0	97.0

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	2526	6.4	31906	54.6
SklUnd22			0	0.0
ICF/DD			5840	100.0
TOTALS	2526	6.4	37746	58.8

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

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

HEALTH SERVICE AREA 004
LTC PLANNING AREA 147

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	170
B. Total Admissions 2005	83
C. Total Discharges 2005	79
D. Residents on December 31, 2005	174

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	84	0	0	69	0	158
SklUnd22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Shelter			0	0	0	0	0
TOTALS	5	100	0	0	69	0	174

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiin or Pacific Islander	0	0	0	0	0
White	158	0	14	0	172
Unknown	0	0	0	0	0
Total	158	0	16	0	174
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	158	0	16	0	174
Unknown	0	0	0	0	0
Total	158	0	16	0	174

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	129
Skilled Under 22	0	0
Intermediate DD	300	150
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	3	5	0	0	0	0	1	0	0	0	4	5	9
45 to 59	0	0	7	4	0	0	0	0	0	0	0	0	7	4	11
60 to 64	0	0	0	3	0	0	0	0	0	0	0	0	0	3	3
65 to 74	0	1	3	10	0	0	0	0	2	3	0	0	5	14	19
75 to 84	0	2	7	19	0	0	0	0	6	12	0	0	13	33	46
85 _Over	0	2	5	34	0	0	0	0	5	40	0	0	10	76	86
TOTALS	0	5	25	75	0	0	0	0	14	55	0	0	39	135	174

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	2.25
Registered Nurses	10.25
LPN's	11.00
Certified Aides	57.75
Other Health Staff	2.00
Non-Health Staff	55.00
Totals	141.25

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

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

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Shelby
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	5
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	4
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	4

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	3
Chronic Alcoholism	3
Developmentally Disabled	2
Drug Addiction	3
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	2
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	1
Other Restrictions	0
No Restrictions	2

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	19
Blood Disorders	5
*Nervous System	10
Alzheimer Disease	15
Mental Illness	25
Developmental Disability	17
Circulatory System	46
Respiratory System	18
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	10
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	204

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	284	259	202	259	188	142	255
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16		16
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	300	275	218	275	204	142	271

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	3	0	0	5	3	8
45 to 59	1	2	0	0	1	4	0	0	2	6	8
60 to 64	0	5	0	0	1	2	0	0	1	7	8
65 ro 74	4	8	0	0	1	0	0	0	5	8	13
75 to 84	17	40	0	0	1	0	0	0	18	40	58
85 _Over	25	84	0	0	0	0	0	0	25	84	109
TOTALS	49	139	0	0	7	9	0	0	56	148	204

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	5901	38740	24695	69336	66.9	73.3
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5840	0	5840	100.0	100.0
Shelter			0	0	0.0	0.0
TOTALS	5901	44580	24695	75176	68.7	74.9

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	5901	11.4	38740	41.6
SklUnd22			0	0.0
ICF/DD			5840	100.0
TOTALS	5901	11.4	44580	45.1

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

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

HEALTH SERVICE AREA 004
LTC PLANNING AREA 173

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	208
B. Total Admissions 2005	290
C. Total Discharges 2005	294
D. Residents on December 31, 2005	204

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	104	0	0	67	0	188
SklUnd22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Shelter			0	0	0	0	0
TOTALS	17	120	0	0	67	0	204

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiin or Pacific Islander	0	0	0	0	0
White	188	0	16	0	204
Unknown	0	0	0	0	0
Total	188	0	16	0	204
ETHNICITY					
Hispanic	0	0	1	0	1
Not Hispanic	188	0	15	0	203
Unknown	0	0	0	0	0
Total	188	0	16	0	204

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	111
Skilled Under 22	0	0
Intermediate DD	125	125
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	4	3	0	0	0	0	1	0	0	0	5	3	8
45 to 59	0	0	2	6	0	0	0	0	0	0	0	0	2	6	8
60 to 64	0	1	1	6	0	0	0	0	0	0	0	0	1	7	8
65 to 74	0	4	5	4	0	0	0	0	0	0	0	0	5	8	13
75 to 84	1	4	12	23	0	0	0	0	5	13	0	0	18	40	58
85 _Over	3	4	13	41	0	0	0	0	9	39	0	0	25	84	109
TOTALS	4	13	37	83	0	0	0	0	15	52	0	0	56	148	204

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.50
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	9.10
LPN's	22.23
Certified Aides	67.33
Other Health Staff	4.00
Non-Health Staff	56.52
Totals	168.68

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

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

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Vermilion
State of Illinois	
TOTAL FACILITIES	7
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	7
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	3
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	4
Chronic Alcoholism	5
Developmentally Disabled	4
Drug Addiction	5
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	4
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	47
Blood Disorders	4
*Nervous System	39
Alzheimer Disease	115
Mental Illness	58
Developmental Disability	27
Circulatory System	170
Respiratory System	38
Digestive System	9
Genitourinary System Disorders	5
Skin Disorders	6
Musculo-skeletal Disorders	47
Injuries and Poisonings	28
Other Medical Conditions	35
Non-Medical Conditions	14
TOTALS	648

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	753	751	634	737	559	322	707
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16		16
Sheltered Care	86	86	73	86	73		
TOTAL BEDS	855	853	723	839	648	322	723

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	0	0	1	6	0	0	3	10	13
45 to 59	17	11	0	0	2	3	0	1	19	15	34
60 to 64	7	12	0	0	2	0	0	0	9	12	21
65 ro 74	25	37	0	0	0	1	1	1	26	39	65
75 to 84	49	137	0	0	1	0	5	47	55	184	239
85 _Over	37	221	0	0	0	0	3	15	40	236	276
TOTALS	137	422	0	0	6	10	9	64	152	496	648

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	20768	121429	64072	206269	75.0	75.2
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5649	0	5649	96.7	96.7
Shelter			26675	26675	85.0	85.0
TOTALS	20768	127078	90747	238593	76.5	76.6

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	20768	17.7	121429	47.1
SklUnd22			0	0.0
ICF/DD			5649	96.7
TOTALS	20768	17.7	127078	48.2

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

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

HEALTH SERVICE AREA 004
LTC PLANNING AREA 183

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	648
B. Total Admissions 2005	1014
C. Total Discharges 2005	1014
D. Residents on December 31, 2005	648

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	69	334	1	0	155	0	559
SklUnd22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Shelter			0	0	73	0	73
TOTALS	69	350	1	0	228	0	648

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	1	0	0	0	1
Black	60	0	3	0	63
Hawaiin or Pacific Islander	0	0	0	0	0
White	497	0	13	70	580
Unknown	1	0	0	3	4
Total	559	0	16	73	648
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	411	0	16	70	497
Unknown	148	0	0	3	151
Total	559	0	16	73	648

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	148	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	105	90

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	2	10	0	0	0	0	0	0	0	0	3	10	13
45 to 59	1	1	17	13	0	0	0	0	1	1	0	0	19	15	34
60 to 64	0	0	8	11	0	0	0	0	1	1	0	0	9	12	21
65 to 74	6	8	17	26	0	0	0	0	3	5	0	0	26	39	65
75 to 84	3	23	34	85	0	0	0	0	18	76	0	0	55	184	239
85 _Over	4	22	16	111	1	0	0	0	19	103	0	0	40	236	276
TOTALS	15	54	94	256	1	0	0	0	42	186	0	0	152	496	648

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.00
Physicians	0.00
Director of Nursing	6.00
Registered Nurses	33.50
LPN's	53.00
Certified Aides	203.50
Other Health Staff	44.00
Non-Health Staff	189.50
Totals	536.50

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Alexander/Pulaski
State of Illinois	
TOTAL FACILITIES	3
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	3
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	1
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	2

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	2
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Other Restrictions	1
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System	3
Alzheimer Disease	2
Mental Illness	17
Developmental Disability	16
Circulatory System	11
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	6
Other Medical Conditions	8
Non-Medical Conditions	26
TOTALS	111

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	83	73	73	83	69	83	83
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16		16
Sheltered Care	26	26	26	26	26		
TOTAL BEDS	125	115	115	125	111	83	99

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	2	8	7	15
45 to 59	0	2	0	0	3	3	4	3	7	8	15
60 to 64	0	0	0	0	1	0	2	0	3	0	3
65 ro 74	7	4	0	0	1	0	4	1	12	5	17
75 to 84	5	15	0	0	0	0	1	4	6	19	25
85 _Over	8	28	0	0	0	0	0	0	8	28	36
TOTALS	20	49	0	0	8	8	16	10	44	67	111

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	3140	17897	6046	27083	89.4	101.6
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5724	0	5724	98.0	98.0
Shelter			9317	9317	98.2	98.2
TOTALS	3140	23621	15363	42124	92.3	100.4

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	3140	10.4	17897	59.1
SklUnd22			0	0.0
ICF/DD			5724	98.0
TOTALS	3140	10.4	23621	65.4

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 003

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	117
B. Total Admissions 2005	76
C. Total Discharges 2005	82
D. Residents on December 31, 2005	111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	43	8	1	10	0	69
SklUnd22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Shelter			0	0	26	0	26
TOTALS	7	59	8	1	36	0	111

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	26	0	9	8	43
Hawaiin or Pacific Islander	0	0	0	0	0
White	43	0	7	18	68
Unknown	0	0	0	0	0
Total	69	0	16	26	111
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	69	0	16	26	111
Unknown	0	0	0	0	0
Total	69	0	16	26	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	93	83
Skilled Under 22	0	0
Intermediate DD	102	93
Shelter	33	33

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	3	5	0	0	0	0	5	2	0	0	8	7	15
45 to 59	0	0	3	5	0	0	0	0	4	3	0	0	7	8	15
60 to 64	0	0	1	0	0	0	0	0	2	0	0	0	3	0	3
65 to 74	1	0	4	4	3	0	0	0	4	1	0	0	12	5	17
75 to 84	1	3	3	8	0	2	0	0	2	6	0	0	6	19	25
85 _Over	2	0	3	20	0	3	0	1	3	4	0	0	8	28	36
TOTALS	4	3	17	42	3	5	0	1	20	16	0	0	44	67	111

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	3.00
LPN's	10.00
Certified Aides	47.00
Other Health Staff	12.00
Non-Health Staff	31.00
Totals	107.00

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Bond
State of Illinois	
TOTAL FACILITIES	3
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	3
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	2
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	1

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	1
Chronic Alcoholism	2
Developmentally Disabled	1
Drug Addiction	2
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System	8
Alzheimer Disease	52
Mental Illness	6
Developmental Disability	16
Circulatory System	27
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	48
Non-Medical Conditions	0
TOTALS	185

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	198	198	186	198	170	44	198
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15		16
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	214	214	201	214	185	44	214

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	4	0	0	10	5	15
45 to 59	6	1	0	0	1	2	0	0	7	3	10
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 ro 74	9	10	0	0	1	0	0	0	10	10	20
75 to 84	22	35	0	0	0	0	0	0	22	35	57
85 _Over	11	68	0	0	0	0	0	0	11	68	79
TOTALS	53	117	0	0	9	6	0	0	62	123	185

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	5954	35634	17044	58632	81.1	81.1
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5725	0	5725	98.0	98.0
Shelter			0	0	0.0	0.0
TOTALS	5954	41359	17044	64357	82.4	82.4

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	5954	37.1	35634	49.3
SklUnd22			0	0.0
ICF/DD			5725	98.0
TOTALS	5954	37.1	41359	52.9

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 005

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	180
B. Total Admissions 2005	151
C. Total Discharges 2005	146
D. Residents on December 31, 2005	185

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	106	1	1	48	0	170
SklUnd22	0	0	0	0	0	0	0
ICF/DD		15	0	0	0	0	15
Shelter			0	0	0	0	0
TOTALS	14	121	1	1	48	0	185

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiin or Pacific Islander	0	0	0	0	0
White	167	0	15	0	182
Unknown	0	0	0	0	0
Total	170	0	15	0	185
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	96	0	15	0	111
Unknown	74	0	0	0	74
Total	170	0	15	0	185

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	121	101
Skilled Under 22	0	0
Intermediate DD	116	116
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	9	4	0	1	1	0	0	0	0	0	10	5	15
45 to 59	0	1	6	2	0	0	0	0	1	0	0	0	7	3	10
60 to 64	0	0	2	1	0	0	0	0	0	1	0	0	2	2	4
65 to 74	1	1	9	8	0	0	0	0	0	1	0	0	10	10	20
75 to 84	0	4	15	21	0	0	0	0	7	10	0	0	22	35	57
85 _Over	2	5	6	38	0	0	0	0	3	25	0	0	11	68	79
TOTALS	3	11	47	74	0	1	1	0	11	37	0	0	62	123	185

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.25
Physicians	0.00
Director of Nursing	2.25
Registered Nurses	8.23
LPN's	18.75
Certified Aides	78.94
Other Health Staff	2.19
Non-Health Staff	26.81
Totals	139.42

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Clay
State of Illinois	
TOTAL FACILITIES	6
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	6
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	2
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	3
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	4

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	1
Chronic Alcoholism	4
Developmentally Disabled	0
Drug Addiction	4
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	2
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	2
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	9
Mental Illness	8
Developmental Disability	91
Circulatory System	63
Respiratory System	24
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	54
TOTALS	289

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	209	179	164	179	145	88	209
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	91	91	91	91	90		91
Sheltered Care	81	81	66	81	54		
TOTAL BEDS	381	351	321	351	289	88	300

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	0	0	16	7	13	4	30	15	45
45 to 59	5	4	0	0	21	19	21	7	47	30	77
60 to 64	0	6	0	0	5	4	1	2	6	12	18
65 ro 74	8	17	0	0	5	7	3	1	16	25	41
75 to 84	10	32	0	0	2	3	0	1	12	36	48
85 _Over	9	49	0	0	1	0	1	0	11	49	60
TOTALS	33	112	0	0	50	40	39	15	122	167	289

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	9468	31360	9530	50358	66.0	77.1
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		31742	0	31742	95.6	95.6
Shelter			21663	21663	73.3	73.3
TOTALS	9468	63102	31193	103763	74.6	81.0

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	9468	29.5	31360	41.1
SklUnd22			0	0.0
ICF/DD			31742	95.6
TOTALS	9468	29.5	63102	57.6

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 025

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	301
B. Total Admissions 2005	445
C. Total Discharges 2005	457
D. Residents on December 31, 2005	289

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	92	0	0	25	0	145
SklUnd22	0	0	0	0	0	0	0
ICF/DD		90	0	0	0	0	90
Shelter			0	0	54	0	54
TOTALS	28	182	0	0	79	0	289

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	0	0	6	4	10
Hawaiin or Pacific Islander	0	0	0	0	0
White	145	0	84	50	279
Unknown	0	0	0	0	0
Total	145	0	90	54	289
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	145	0	90	54	289
Unknown	0	0	0	0	0
Total	145	0	90	54	289

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	119	103
Skilled Under 22	0	0
Intermediate DD	128	107
Shelter	46	33

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	17	10	0	0	0	0	13	4	0	0	30	15	45
45 to 59	2	1	24	22	0	0	0	0	21	7	0	0	47	30	77
60 to 64	0	3	5	7	0	0	0	0	1	2	0	0	6	12	18
65 to 74	2	1	8	22	0	0	0	0	6	2	0	0	16	25	41
75 to 84	1	6	8	19	0	0	0	0	3	11	0	0	12	36	48
85 _Over	3	8	5	35	0	0	0	0	3	6	0	0	11	49	60
TOTALS	8	20	67	115	0	0	0	0	47	32	0	0	122	167	289

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	25.00
LPN's	25.00
Certified Aides	96.00
Other Health Staff	37.00
Non-Health Staff	55.00
Totals	246.00

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Crawford
State of Illinois	
TOTAL FACILITIES	6
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	5
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	4
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	5

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	4
Chronic Alcoholism	2
Developmentally Disabled	4
Drug Addiction	3
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	3
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	1
Other Restrictions	1
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	22
Blood Disorders	1
*Nervous System	12
Alzheimer Disease	17
Mental Illness	1
Developmental Disability	16
Circulatory System	60
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	18
Non-Medical Conditions	36
TOTALS	212

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	225	216	183	216	162	18	197
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14		16
Sheltered Care	48	48	40	48	36		
TOTAL BEDS	289	280	239	280	212	18	213

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	4	0	0	6	4	10
45 to 59	2	1	0	0	2	1	17	1	21	3	24
60 to 64	1	4	0	0	0	1	4	0	5	5	10
65 ro 74	2	16	0	0	0	0	8	0	10	16	26
75 to 84	26	39	0	0	0	0	5	0	31	39	70
85 _Over	15	56	0	0	0	0	1	0	16	56	72
TOTALS	46	116	0	0	8	6	35	1	89	123	212

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	3158	30935	26699	60792	74.0	77.1
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5320	0	5320	91.1	91.1
Shelter			13140	13140	75.0	75.0
TOTALS	3158	36255	39839	79252	75.1	77.5

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	3158	48.1	30935	43.0
SklUnd22			0	0.0
ICF/DD			5320	91.1
TOTALS	3158	48.1	36255	46.6

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 033

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	230
B. Total Admissions 2005	171
C. Total Discharges 2005	189
D. Residents on December 31, 2005	212

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	84	0	0	72	0	162
SklUnd22	0	0	0	0	0	0	0
ICF/DD		14	0	0	0	0	14
Shelter			6	0	30	0	36
TOTALS	6	98	6	0	102	0	212

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	1	1
Black	0	0	4	6	10
Hawaiin or Pacific Islander	0	0	0	0	0
White	136	0	10	29	175
Unknown	26	0	0	0	26
Total	162	0	14	36	212
ETHNICITY					
Hispanic	0	0	1	0	1
Not Hispanic	136	0	13	36	185
Unknown	26	0	0	0	26
Total	162	0	14	36	212

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	101	96
Skilled Under 22	0	0
Intermediate DD	0	113
Shelter	69	49

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	6	4	0	0	0	0	0	0	0	0	6	4	10
45 to 59	0	0	4	2	0	1	0	0	17	0	0	0	21	3	24
60 to 64	0	0	1	5	4	0	0	0	0	0	0	0	5	5	10
65 to 74	0	0	1	10	0	0	0	0	9	6	0	0	10	16	26
75 to 84	1	1	11	22	1	0	0	0	18	16	0	0	31	39	70
85 _Over	3	1	4	28	0	0	0	0	9	27	0	0	16	56	72
TOTALS	4	2	27	71	5	1	0	0	53	49	0	0	89	123	212

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.00
Physicians	8.00
Director of Nursing	4.00
Registered Nurses	13.10
LPN's	18.10
Certified Aides	77.90
Other Health Staff	11.50
Non-Health Staff	53.60
Totals	193.20

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Effingham
State of Illinois	
TOTAL FACILITIES	1
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	1
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	0
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	1

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	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	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	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	16
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	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0		0
Sheltered Care	25	18	16	18	16		
TOTAL BEDS	25	18	16	18	16	0	0

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	1	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 ro 74	0	0	0	0	0	0	1	0	1	0	1
75 to 84	0	0	0	0	0	0	0	4	0	4	4
85 _Over	0	0	0	0	0	0	3	7	3	7	10
TOTALS	0	0	0	0	0	0	4	12	4	12	16

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	0	0	0	0	#Div/0!	#Div/0!
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			6578	6578	72.1	100.1
TOTALS	0	0	6578	6578	72.1	100.1

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	0	#Div/0!	0	#Div/0!
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	0	#Div/0!	0	#Div/0!

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 045

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	18
B. Total Admissions 2005	10
C. Total Discharges 2005	12
D. Residents on December 31, 2005	16

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
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	16	0	16
TOTALS	0	0	0	0	16	0	16

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiin or Pacific Islander	0	0	0	0	0
White	0	0	0	16	16
Unknown	0	0	0	0	0
Total	0	0	0	16	16
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	0	0	0	16	16
Unknown	0	0	0	0	0
Total	0	0	0	16	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	69	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	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	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	4	0	0	0	4	4
85 _Over	0	0	0	0	0	0	0	0	3	7	0	0	3	7	10
TOTALS	0	0	0	0	0	0	0	0	4	12	0	0	4	12	16

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
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	5.00
Totals	7.00

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Edwards/Wabash
State of Illinois	
TOTAL FACILITIES	4
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	4
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	2
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	2
Chronic Alcoholism	2
Developmentally Disabled	1
Drug Addiction	2
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	2
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	15
Blood Disorders	1
*Nervous System	11
Alzheimer Disease	24
Mental Illness	1
Developmental Disability	16
Circulatory System	47
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	25
TOTALS	155

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	139	127	127	127	115	90	120
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15		16
Sheltered Care	36	36	29	36	25		
TOTAL BEDS	191	179	172	179	155	90	136

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	1	0	5	4	9
45 to 59	1	1	0	0	1	3	10	0	12	4	16
60 to 64	0	1	0	0	0	0	2	0	2	1	3
65 ro 74	1	4	0	0	1	1	4	0	6	5	11
75 to 84	4	32	0	0	1	0	4	2	9	34	43
85 _Over	9	62	0	0	0	0	2	0	11	62	73
TOTALS	15	100	0	0	7	8	23	2	45	110	155

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	2768	23292	15426	41486	81.8	89.5
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5328	0	5328	91.2	91.2
Shelter			9237	9237	70.3	70.3
TOTALS	2768	28620	24663	56051	80.4	85.8

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	2768	8.4	23292	53.2
SklUnd22			0	0.0
ICF/DD			5328	91.2
TOTALS	2768	8.4	28620	57.7

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 047

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	159
B. Total Admissions 2005	77
C. Total Discharges 2005	81
D. Residents on December 31, 2005	155

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	56	0	0	50	0	115
SklUnd22	0	0	0	0	0	0	0
ICF/DD		15	0	0	0	0	15
Shelter			4	0	21	0	25
TOTALS	9	71	4	0	71	0	155

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	1	0	0	3	4
Hawaiin or Pacific Islander	0	0	0	0	0
White	114	0	15	22	151
Unknown	0	0	0	0	0
Total	115	0	15	25	155
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	115	0	15	25	155
Unknown	0	0	0	0	0
Total	115	0	15	25	155

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	98
Skilled Under 22	0	0
Intermediate DD	0	109
Shelter	54	32

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	4	4	0	0	0	0	1	0	0	0	5	4	9
45 to 59	0	0	2	4	1	0	0	0	9	0	0	0	12	4	16
60 to 64	0	0	0	1	1	0	0	0	1	0	0	0	2	1	3
65 to 74	0	0	2	5	1	0	0	0	3	0	0	0	6	5	11
75 to 84	0	3	2	15	0	1	0	0	7	15	0	0	9	34	43
85 _Over	1	5	3	29	0	0	0	0	7	28	0	0	11	62	73
TOTALS	1	8	13	58	3	1	0	0	28	43	0	0	45	110	155

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	8.50
LPN's	15.50
Certified Aides	62.00
Other Health Staff	8.00
Non-Health Staff	63.00
Totals	164.00

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Effingham
State of Illinois	
TOTAL FACILITIES	7
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	6
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	5
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	3
Chronic Alcoholism	3
Developmentally Disabled	1
Drug Addiction	4
Medicaid Recipient	1
Medicare Recipient	2
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	20
Blood Disorders	4
*Nervous System	19
Alzheimer Disease	67
Mental Illness	16
Developmental Disability	31
Circulatory System	63
Respiratory System	30
Digestive System	12
Genitourinary System Disorders	14
Skin Disorders	6
Musculo-skeletal Disorders	24
Injuries and Poisonings	11
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	336

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	432	394	338	372	307	386	419
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	32	32	32	32	29		32
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	464	426	370	404	336	386	451

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	0	0	12	5	0	0	13	7	20
45 to 59	5	7	0	0	6	2	0	0	11	9	20
60 to 64	6	3	0	0	0	0	0	0	6	3	9
65 ro 74	17	15	0	0	1	2	0	0	18	17	35
75 to 84	26	55	0	0	1	0	0	0	27	55	82
85 _Over	21	149	0	0	0	0	0	0	21	149	170
TOTALS	76	231	0	0	20	9	0	0	96	240	336

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	22765	49432	42102	114299	72.5	79.5
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		10227	556	10783	92.3	92.3
Shelter			0	0	0.0	0.0
TOTALS	22765	59659	42658	125082	73.9	80.4

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	22765	16.2	49432	32.3
SklUnd22			0	0.0
ICF/DD			10227	87.6
TOTALS	22765	16.2	59659	36.2

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 049

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	345
B. Total Admissions 2005	956
C. Total Discharges 2005	965
D. Residents on December 31, 2005	336

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	146	0	3	117	0	307
SklUnd22	0	0	0	0	0	0	0
ICF/DD		27	0	0	2	0	29
Shelter			0	0	0	0	0
TOTALS	41	173	0	3	119	0	336

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiin or Pacific Islander	0	0	0	0	0
White	307	0	29	0	336
Unknown	0	0	0	0	0
Total	307	0	29	0	336
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	128	0	29	0	157
Unknown	179	0	0	0	179
Total	307	0	29	0	336

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	168	134
Skilled Under 22	0	0
Intermediate DD	103	103
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	13	6	0	0	0	0	0	1	0	0	13	7	20
45 to 59	0	0	9	8	0	0	0	0	2	1	0	0	11	9	20
60 to 64	1	0	4	2	0	0	1	0	0	1	0	0	6	3	9
65 to 74	4	1	13	13	0	0	0	0	1	3	0	0	18	17	35
75 to 84	4	10	12	27	0	0	0	1	11	17	0	0	27	55	82
85 _Over	3	18	4	62	0	0	0	1	14	68	0	0	21	149	170
TOTALS	12	29	55	118	0	0	1	2	28	91	0	0	96	240	336

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.00
Physicians	0.00
Director of Nursing	5.00
Registered Nurses	21.00
LPN's	37.00
Certified Aides	141.00
Other Health Staff	25.00
Non-Health Staff	94.00
Totals	330.00

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Fayette
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	4
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	4
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	4

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	2
Chronic Alcoholism	3
Developmentally Disabled	3
Drug Addiction	4
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	3
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Other Restrictions	1
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	12
Blood Disorders	3
*Nervous System	8
Alzheimer Disease	40
Mental Illness	57
Developmental Disability	22
Circulatory System	51
Respiratory System	14
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	3
Musculo-skeletal Disorders	6
Injuries and Poisonings	7
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	251

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	359	315	270	315	236	186	315
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15		16
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	375	331	286	331	251	186	331

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	6	0	0	2	2	0	0	8	8	16
45 to 59	23	9	0	0	4	1	0	0	27	10	37
60 to 64	7	8	0	0	0	0	0	0	7	8	15
65 ro 74	11	15	0	0	0	2	0	0	11	17	28
75 to 84	13	36	0	0	1	3	0	0	14	39	53
85 _Over	28	74	0	0	0	0	0	0	28	74	102
TOTALS	88	148	0	0	7	8	0	0	95	156	251

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	7390	62213	18769	88372	67.4	76.9
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		15	0	15	0.3	0.3
Shelter			0	0	0.0	0.0
TOTALS	7390	62228	18769	88387	64.6	73.2

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	7390	10.9	62213	54.1
SklUnd22			0	0.0
ICF/DD			15	0.3
TOTALS	7390	10.9	62228	51.5

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 051

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	250
B. Total Admissions 2005	447
C. Total Discharges 2005	446
D. Residents on December 31, 2005	251

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	164	0	0	45	0	236
SklUnd22	0	0	0	0	0	0	0
ICF/DD		15	0	0	0	0	15
Shelter			0	0	0	0	0
TOTALS	27	179	0	0	45	0	251

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	4	0	1	0	5
Hawaiin or Pacific Islander	0	0	0	0	0
White	231	0	14	0	245
Unknown	1	0	0	0	1
Total	236	0	15	0	251
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	235	0	15	0	250
Unknown	1	0	0	0	1
Total	236	0	15	0	251

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	114	104
Skilled Under 22	0	0
Intermediate DD	125	125
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	8	8	0	0	0	0	0	0	0	0	8	8	16
45 to 59	2	1	24	9	0	0	0	0	1	0	0	0	27	10	37
60 to 64	0	0	7	8	0	0	0	0	0	0	0	0	7	8	15
65 to 74	1	1	10	15	0	0	0	0	0	1	0	0	11	17	28
75 to 84	2	5	10	23	0	0	0	0	2	11	0	0	14	39	53
85 _Over	10	5	9	48	0	0	0	0	9	21	0	0	28	74	102
TOTALS	15	12	68	111	0	0	0	0	12	33	0	0	95	156	251

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	6.00
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	12.25
LPN's	31.00
Certified Aides	82.00
Other Health Staff	48.00
Non-Health Staff	105.25
Totals	288.50

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Franklin
State of Illinois	
TOTAL FACILITIES	8
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	7
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	6
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	7

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	3
Chronic Alcoholism	2
Developmentally Disabled	5
Drug Addiction	2
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	41
Blood Disorders	3
*Nervous System	23
Alzheimer Disease	61
Mental Illness	31
Developmental Disability	60
Circulatory System	36
Respiratory System	24
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	6
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	341

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	465	434	314	371	282	104	445
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	65	65	63	65	59		65
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	530	499	377	436	341	104	510

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	0	0	7	3	0	0	9	7	16
45 to 59	9	10	0	0	22	13	0	0	31	23	54
60 to 64	8	14	0	0	2	6	0	0	10	20	30
65 ro 74	15	39	0	0	3	2	0	0	18	41	59
75 to 84	20	60	0	0	0	0	0	0	20	60	80
85 _Over	15	86	0	0	1	0	0	0	16	86	102
TOTALS	69	213	0	0	35	24	0	0	104	237	341

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	5254	70704	28540	104498	61.6	66.0
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		22063	0	22063	93.0	93.0
Shelter			0	0	0.0	0.0
TOTALS	5254	92767	28540	126561	65.4	69.5

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	5254	13.8	70704	43.5
SklUnd22			0	0.0
ICF/DD			22063	93.0
TOTALS	5254	13.8	92767	49.8

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 055

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	343
B. Total Admissions 2005	368
C. Total Discharges 2005	370
D. Residents on December 31, 2005	341

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	184	0	0	62	0	282
SklUnd22	0	0	0	0	0	0	0
ICF/DD		59	0	0	0	0	59
Shelter			0	0	0	0	0
TOTALS	36	243	0	0	62	0	341

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	1	0	3	0	4
Hawaiin or Pacific Islander	0	0	0	0	0
White	281	0	56	0	337
Unknown	0	0	0	0	0
Total	282	0	59	0	341
ETHNICITY					
Hispanic	0	0	2	0	2
Not Hispanic	282	0	57	0	339
Unknown	0	0	0	0	0
Total	282	0	59	0	341

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	97	82
Skilled Under 22	0	0
Intermediate DD	114	107
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	8	7	0	0	0	0	0	0	0	0	9	7	16
45 to 59	1	1	29	22	0	0	0	0	1	0	0	0	31	23	54
60 to 64	0	2	10	18	0	0	0	0	0	0	0	0	10	20	30
65 to 74	3	8	13	28	0	0	0	0	2	5	0	0	18	41	59
75 to 84	4	6	8	35	0	0	0	0	8	19	0	0	20	60	80
85 _Over	2	8	9	56	0	0	0	0	5	22	0	0	16	86	102
TOTALS	11	25	77	166	0	0	0	0	16	46	0	0	104	237	341

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	0.00
Director of Nursing	6.00
Registered Nurses	14.00
LPN's	34.00
Certified Aides	127.00
Other Health Staff	24.00
Non-Health Staff	102.00
Totals	315.00

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	in/Hamilton/Saline
State of Illinois	
TOTAL FACILITIES	14
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	13
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	8
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	5
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	13

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	3
Chronic Alcoholism	2
Developmentally Disabled	4
Drug Addiction	3
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	3
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Other Restrictions	0
No Restrictions	2

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	14
Endocrine/Metabolic	30
Blood Disorders	3
*Nervous System	37
Alzheimer Disease	115
Mental Illness	86
Developmental Disability	105
Circulatory System	137
Respiratory System	22
Digestive System	14
Genitourinary System Disorders	8
Skin Disorders	4
Musculo-skeletal Disorders	34
Injuries and Poisonings	30
Other Medical Conditions	34
Non-Medical Conditions	21
TOTALS	694

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	691	685	598	660	576	171	691
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	99	99	99	99	97		99
Sheltered Care	44	44	27	44	21		
TOTAL BEDS	834	828	724	803	694	171	790

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	23	14	5	2	31	18	49
45 to 59	6	19	0	0	20	16	3	2	29	37	66
60 to 64	11	13	0	0	2	5	2	1	15	19	34
65 ro 74	28	34	0	0	9	5	3	2	40	41	81
75 to 84	56	139	0	0	2	1	0	1	58	141	199
85 _Over	45	220	0	0	0	0	0	0	45	220	265
TOTALS	149	427	0	0	56	41	13	8	218	476	694

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	12500	144355	47475	204330	81.0	81.7
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		35224	0	35224	97.5	97.5
Shelter			8878	8878	55.3	55.3
TOTALS	12500	179579	56353	248432	81.6	82.2

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	12500	20.0	144355	57.2
SklUnd22			0	0.0
ICF/DD			35224	97.5
TOTALS	12500	20.0	179579	62.3

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 059

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	679
B. Total Admissions 2005	567
C. Total Discharges 2005	552
D. Residents on December 31, 2005	694

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	37	404	0	4	131	0	576
SklUnd22	0	0	0	0	0	0	0
ICF/DD		97	0	0	0	0	97
Shelter			0	0	21	0	21
TOTALS	37	501	0	4	152	0	694

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	19	0	13	1	33
Hawaiin or Pacific Islander	0	0	0	0	0
White	557	0	84	20	661
Unknown	0	0	0	0	0
Total	576	0	97	21	694
ETHNICITY					
Hispanic	0	0	2	0	2
Not Hispanic	576	0	95	21	692
Unknown	0	0	0	0	0
Total	576	0	97	21	694

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	98	83
Skilled Under 22	0	0
Intermediate DD	118	126
Shelter	33	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	26	15	0	0	0	0	5	3	0	0	31	18	49
45 to 59	0	0	26	35	0	0	0	0	3	2	0	0	29	37	66
60 to 64	0	0	13	17	0	0	0	0	2	2	0	0	15	19	34
65 to 74	2	1	29	33	0	0	0	0	9	7	0	0	40	41	81
75 to 84	8	11	41	100	0	0	0	1	9	29	0	0	58	141	199
85 _Over	5	10	23	143	0	0	0	3	17	64	0	0	45	220	265
TOTALS	15	22	158	343	0	0	0	4	45	107	0	0	218	476	694

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	12.50
Physicians	0.00
Director of Nursing	9.00
Registered Nurses	25.90
LPN's	72.90
Certified Aides	261.00
Other Health Staff	19.00
Non-Health Staff	176.86
Totals	577.16

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Hardin/Pope
State of Illinois	
TOTAL FACILITIES	3
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	3
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	2
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	2
Chronic Alcoholism	2
Developmentally Disabled	2
Drug Addiction	3
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	1
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	11
Blood Disorders	1
*Nervous System	0
Alzheimer Disease	9
Mental Illness	11
Developmental Disability	12
Circulatory System	26
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	1
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	101

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	132	132	91	132	89	62	132
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	14	16	12		16
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	148	148	105	148	101	62	148

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	2	0	0	2	0	0	0	5	2	7
60 to 64	1	1	0	0	2	1	0	0	3	2	5
65 ro 74	6	4	0	0	2	0	0	0	8	4	12
75 to 84	7	16	0	0	0	1	0	0	7	17	24
85 _Over	10	39	0	0	0	0	0	0	10	39	49
TOTALS	27	62	0	0	8	4	0	0	35	66	101

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	4261	18696	6576	29533	61.3	61.3
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		4881	0	4881	83.6	83.6
Shelter			0	0	0.0	0.0
TOTALS	4261	23577	6576	34414	63.7	63.7

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	4261	18.8	18696	38.8
SklUnd22			0	0.0
ICF/DD			4881	83.6
TOTALS	4261	18.8	23577	43.6

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 069

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	93
B. Total Admissions 2005	59
C. Total Discharges 2005	51
D. Residents on December 31, 2005	101

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	54	0	0	18	0	89
SklUnd22	0	0	0	0	0	0	0
ICF/DD		12	0	0	0	0	12
Shelter			0	0	0	0	0
TOTALS	17	66	0	0	18	0	101

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiin or Pacific Islander	0	0	0	0	0
White	88	0	12	0	100
Unknown	0	0	0	0	0
Total	89	0	12	0	101
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	89	0	12	0	101
Unknown	0	0	0	0	0
Total	89	0	12	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	97	90
Skilled Under 22	0	0
Intermediate DD	0	98
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	2	2	0	0	0	0	0	0	0	0	2	2	4
45 to 59	0	0	5	2	0	0	0	0	0	0	0	0	5	2	7
60 to 64	0	0	3	2	0	0	0	0	0	0	0	0	3	2	5
65 to 74	0	0	8	4	0	0	0	0	0	0	0	0	8	4	12
75 to 84	0	5	5	10	0	0	0	0	2	2	0	0	7	17	24
85 _Over	4	8	5	18	0	0	0	0	1	13	0	0	10	39	49
TOTALS	4	13	28	38	0	0	0	0	3	15	0	0	35	66	101

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.40
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	9.00
LPN's	9.00
Certified Aides	30.00
Other Health Staff	12.00
Non-Health Staff	25.00
Totals	89.40

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Jackson
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	5
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	2
Chronic Alcoholism	2
Developmentally Disabled	0
Drug Addiction	2
Medicaid Recipient	1
Medicare Recipient	2
Mental Illness	2
Non-Ambulatory	1
Non-Mobile	3
Public Aid Recipient	2
Under 65 Years Old	1
Unable to Self-Medicate	1
Other Restrictions	2
No Restrictions	2

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	14
Blood Disorders	6
*Nervous System	10
Alzheimer Disease	55
Mental Illness	21
Developmental Disability	32
Circulatory System	26
Respiratory System	12
Digestive System	7
Genitourinary System Disorders	3
Skin Disorders	5
Musculo-skeletal Disorders	33
Injuries and Poisonings	0
Other Medical Conditions	60
Non-Medical Conditions	0
TOTALS	289

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	451	403	281	398	259	78	333
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	32	32	30	32	30		32
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	483	435	311	430	289	78	365

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	13	10	0	0	16	11	27
45 to 59	5	5	0	0	4	2	0	0	9	7	16
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 ro 74	11	23	0	0	1	0	0	0	12	23	35
75 to 84	22	55	0	0	0	0	0	0	22	55	77
85 _Over	28	99	0	0	0	0	0	0	28	99	127
TOTALS	71	188	0	0	18	12	0	0	89	200	289

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	14526	54017	23747	92290	56.1	62.7
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		11260	0	11260	96.4	96.4
Shelter			0	0	0.0	0.0
TOTALS	14526	65277	23747	103550	58.7	65.2

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	14526	51.0	54017	44.4
SklUnd22			0	0.0
ICF/DD			11260	96.4
TOTALS	14526	51.0	65277	49.0

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 077

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	286
B. Total Admissions 2005	585
C. Total Discharges 2005	582
D. Residents on December 31, 2005	289

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	152	1	2	68	0	259
SklUnd22	0	0	0	0	0	0	0
ICF/DD		30	0	0	0	0	30
Shelter			0	0	0	0	0
TOTALS	36	182	1	2	68	0	289

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	29	0	5	0	34
Hawaiin or Pacific Islander	0	0	0	0	0
White	230	0	25	0	255
Unknown	0	0	0	0	0
Total	259	0	30	0	289
ETHNICITY					
Hispanic	1	0	1	0	2
Not Hispanic	258	0	29	0	287
Unknown	0	0	0	0	0
Total	259	0	30	0	289

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	107	89
Skilled Under 22	0	0
Intermediate DD	125	116
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	14	11	0	0	0	0	1	0	0	0	16	11	27
45 to 59	2	1	7	6	0	0	0	0	0	0	0	0	9	7	16
60 to 64	0	0	2	4	0	1	0	0	0	0	0	0	2	5	7
65 to 74	1	6	10	13	0	0	0	0	1	4	0	0	12	23	35
75 to 84	1	9	15	36	0	0	0	0	6	10	0	0	22	55	77
85 _Over	5	10	9	55	0	0	0	2	14	32	0	0	28	99	127
TOTALS	10	26	57	125	0	1	0	2	22	46	0	0	89	200	289

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.50
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	15.00
LPN's	24.00
Certified Aides	125.00
Other Health Staff	22.00
Non-Health Staff	103.85
Totals	297.35

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Jasper
State of Illinois	
TOTAL FACILITIES	1
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	1
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	1
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	1

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System	7
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	1
Circulatory System	22
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	57

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	92	92	62	92	57	16	92
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	92	92	62	92	57	16	92

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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 ro 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85 _Over	7	28	0	0	0	0	0	0	7	28	35
TOTALS	14	43	0	0	0	0	0	0	14	43	57

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	1907	11312	6207	19426	57.8	57.8
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			0	0	0.0	0.0
TOTALS	1907	11312	6207	19426	57.8	57.8

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	1907	32.7	11312	33.7
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	1907	32.7	11312	33.7

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 079

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	55
B. Total Admissions 2005	41
C. Total Discharges 2005	39
D. Residents on December 31, 2005	57

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	27	0	0	24	0	57
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	0	0	0
TOTALS	6	27	0	0	24	0	57

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiin or Pacific Islander	0	0	0	0	0
White	57	0	0	0	57
Unknown	0	0	0	0	0
Total	57	0	0	0	57
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	57	0	0	0	57
Unknown	0	0	0	0	0
Total	57	0	0	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	118	103
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	1	0	0	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	3	0	0	0	0	1	0	0	0	2	3	5
75 to 84	0	1	2	5	0	0	0	0	2	6	0	0	4	12	16
85 _Over	0	4	1	15	0	0	0	0	6	9	0	0	7	28	35
TOTALS	1	5	4	23	0	0	0	0	9	15	0	0	14	43	57

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	14.00
Other Health Staff	2.00
Non-Health Staff	14.00
Totals	43.00

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Jefferson
State of Illinois	
TOTAL FACILITIES	7
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	7
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	7

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	1
Chronic Alcoholism	2
Developmentally Disabled	3
Drug Addiction	2
Medicaid Recipient	0
Medicare Recipient	2
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	40
Blood Disorders	15
*Nervous System	8
Alzheimer Disease	54
Mental Illness	6
Developmental Disability	34
Circulatory System	51
Respiratory System	29
Digestive System	15
Genitourinary System Disorders	16
Skin Disorders	4
Musculo-skeletal Disorders	9
Injuries and Poisonings	23
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	321

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	401	410	360	316	289	97	410
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	32	32	32	32	32		32
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	433	442	392	348	321	97	442

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	8	5	0	0	8	6	14
45 to 59	3	6	0	0	7	5	0	0	10	11	21
60 to 64	2	6	0	0	0	4	0	0	2	10	12
65 ro 74	13	19	0	0	0	1	0	0	13	20	33
75 to 84	32	83	0	0	1	1	0	0	33	84	117
85 _Over	23	101	0	0	0	0	0	0	23	101	124
TOTALS	73	216	0	0	16	16	0	0	89	232	321

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	19741	68990	23214	111945	76.5	74.8
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		11256	0	11256	96.4	96.4
Shelter			0	0	0.0	0.0
TOTALS	19741	80246	23214	123201	78.0	76.4

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	19741	55.8	68990	46.1
SklUnd22			0	0.0
ICF/DD			11256	96.4
TOTALS	19741	55.8	80246	49.7

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 081

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	345
B. Total Admissions 2005	751
C. Total Discharges 2005	775
D. Residents on December 31, 2005	321

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	57	186	0	0	46	0	289
SklUnd22	0	0	0	0	0	0	0
ICF/DD		32	0	0	0	0	32
Shelter			0	0	0	0	0
TOTALS	57	218	0	0	46	0	321

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	7	0	4	0	11
Hawaiin or Pacific Islander	0	0	0	0	0
White	282	0	28	0	310
Unknown	0	0	0	0	0
Total	289	0	32	0	321
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	289	0	32	0	321
Unknown	0	0	0	0	0
Total	289	0	32	0	321

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	132	111
Skilled Under 22	0	0
Intermediate DD	105	104
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	8	6	0	0	0	0	0	0	0	0	8	6	14
45 to 59	0	1	10	10	0	0	0	0	0	0	0	0	10	11	21
60 to 64	0	1	2	9	0	0	0	0	0	0	0	0	2	10	12
65 to 74	5	1	8	16	0	0	0	0	0	3	0	0	13	20	33
75 to 84	9	21	15	47	0	0	0	0	9	16	0	0	33	84	117
85 _Over	5	14	14	73	0	0	0	0	4	14	0	0	23	101	124
TOTALS	19	38	57	161	0	0	0	0	13	33	0	0	89	232	321

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.50
Physicians	0.00
Director of Nursing	5.25
Registered Nurses	19.20
LPN's	46.00
Certified Aides	182.00
Other Health Staff	23.00
Non-Health Staff	87.50
Totals	368.45

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Johnson/Massac
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	5
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	5

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	3
Chronic Alcoholism	1
Developmentally Disabled	2
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	2
Non-Ambulatory	0
Non-Mobile	2
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	14
Blood Disorders	4
*Nervous System	14
Alzheimer Disease	25
Mental Illness	5
Developmental Disability	31
Circulatory System	65
Respiratory System	15
Digestive System	7
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	12
Injuries and Poisonings	41
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	280

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	312	301	261	301	249	203	312
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	32	32	31	32	31		32
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	344	333	292	333	280	203	344

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	0	0	0	4	5	0	0	7	5	12
45 to 59	3	7	0	0	4	4	0	0	7	11	18
60 to 64	0	2	0	0	3	1	0	0	3	3	6
65 ro 74	16	18	0	0	4	3	0	0	20	21	41
75 to 84	15	65	0	0	1	1	0	0	16	66	82
85 _Over	17	103	0	0	0	1	0	0	17	104	121
TOTALS	54	195	0	0	16	15	0	0	70	210	280

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	9090	63087	11733	83910	73.7	76.4
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		11034	0	11034	94.5	94.5
Shelter			0	0	0.0	0.0
TOTALS	9090	74121	11733	94944	75.6	78.1

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	9090	12.3	63087	55.4
SklUnd22			0	0.0
ICF/DD			11034	94.5
TOTALS	9090	12.3	74121	59.0

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 087

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	273
B. Total Admissions 2005	274
C. Total Discharges 2005	267
D. Residents on December 31, 2005	280

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	177	7	1	45	0	249
SklUnd22	0	0	0	0	0	0	0
ICF/DD		31	0	0	0	0	31
Shelter			0	0	0	0	0
TOTALS	19	208	7	1	45	0	280

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Indian	0	0	0	0	0
Black	7	0	2	0	9
Hawaiin or Pacific Islander	0	0	0	0	0
White	241	0	28	0	269
Unknown	0	0	1	0	1
Total	249	0	31	0	280
ETHNICITY					
Hispanic	0	0	1	0	1
Not Hispanic	249	0	30	0	279
Unknown	0	0	0	0	0
Total	249	0	31	0	280

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	93	90
Skilled Under 22	0	0
Intermediate DD	105	99
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	7	5	0	0	0	0	0	0	0	0	7	5	12
45 to 59	0	1	7	10	0	0	0	0	0	0	0	0	7	11	18
60 to 64	0	0	3	3	0	0	0	0	0	0	0	0	3	3	6
65 to 74	2	2	15	18	0	1	0	0	3	0	0	0	20	21	41
75 to 84	1	5	12	47	0	0	0	0	3	14	0	0	16	66	82
85 _Over	4	4	9	72	2	4	0	1	2	23	0	0	17	104	121
TOTALS	7	12	53	155	2	5	0	1	8	37	0	0	70	210	280

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.10
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	10.00
LPN's	31.00
Certified Aides	93.00
Other Health Staff	21.00
Non-Health Staff	74.00
Totals	236.10

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Lawrence
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	5
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	4

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	3
Chronic Alcoholism	3
Developmentally Disabled	1
Drug Addiction	2
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	2
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Other Restrictions	2
No Restrictions	2

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	27
Blood Disorders	2
*Nervous System	9
Alzheimer Disease	39
Mental Illness	11
Developmental Disability	30
Circulatory System	88
Respiratory System	26
Digestive System	10
Genitourinary System Disorders	10
Skin Disorders	4
Musculo-skeletal Disorders	27
Injuries and Poisonings	2
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	294

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	429	412	270	362	264	268	446
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	32	32	31	30	30		32
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	461	444	301	392	294	268	478

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	7	0	0	8	8	16
45 to 59	4	1	0	0	4	7	0	0	8	8	16
60 to 64	3	3	0	0	1	0	0	0	4	3	7
65 ro 74	8	18	0	0	0	3	0	0	8	21	29
75 to 84	23	57	0	0	0	0	0	0	23	57	80
85 _Over	30	115	0	0	0	1	0	0	30	116	146
TOTALS	69	195	0	0	12	18	0	0	81	213	294

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	10084	56091	34882	101057	64.5	67.2
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		11297	0	11297	96.7	96.7
Shelter			0	0	0.0	0.0
TOTALS	10084	67388	34882	112354	66.8	69.3

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	10084	10.3	56091	34.5
SklUnd22			0	0.0
ICF/DD			11297	96.7
TOTALS	10084	10.3	67388	38.6

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 101

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	315
B. Total Admissions 2005	294
C. Total Discharges 2005	315
D. Residents on December 31, 2005	294

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	154	0	0	90	0	264
SklUnd22	0	0	0	0	0	0	0
ICF/DD		30	0	0	0	0	30
Shelter			0	0	0	0	0
TOTALS	20	184	0	0	90	0	294

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiin or Pacific Islander	0	0	0	0	0
White	260	0	30	0	290
Unknown	0	0	0	0	0
Total	264	0	30	0	294
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	264	0	30	0	294
Unknown	0	0	0	0	0
Total	264	0	30	0	294

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	124	89
Skilled Under 22	0	0
Intermediate DD	104	103
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	8	8	0	0	0	0	0	0	0	0	8	8	16
45 to 59	0	0	7	8	0	0	0	0	1	0	0	0	8	8	16
60 to 64	0	0	4	3	0	0	0	0	0	0	0	0	4	3	7
65 to 74	4	1	4	17	0	0	0	0	0	3	0	0	8	21	29
75 to 84	1	3	17	30	0	0	0	0	5	24	0	0	23	57	80
85 _Over	2	9	12	66	0	0	0	0	16	41	0	0	30	116	146
TOTALS	7	13	52	132	0	0	0	0	22	68	0	0	81	213	294

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	29.00
LPN's	30.00
Certified Aides	126.00
Other Health Staff	9.00
Non-Health Staff	144.00
Totals	345.00

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Marion
State of Illinois	
TOTAL FACILITIES	10
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	10
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	6
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	4
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	4
FOR PROFIT OWNERSHIP	6

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	4
Chronic Alcoholism	7
Developmentally Disabled	3
Drug Addiction	7
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	3
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	1
No Restrictions	2

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	16
Endocrine/Metabolic	43
Blood Disorders	4
*Nervous System	18
Alzheimer Disease	92
Mental Illness	13
Developmental Disability	140
Circulatory System	102
Respiratory System	65
Digestive System	18
Genitourinary System Disorders	28
Skin Disorders	9
Musculo-skeletal Disorders	39
Injuries and Poisonings	23
Other Medical Conditions	39
Non-Medical Conditions	0
TOTALS	649

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	605	603	536	603	511	331	595
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	141	141	139	141	138		141
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	746	744	675	744	649	331	736

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	0	0	0	21	19	0	0	27	19	46
45 to 59	9	12	0	0	38	26	0	0	47	38	85
60 to 64	5	4	0	0	10	5	0	0	15	9	24
65 ro 74	23	48	0	0	10	4	0	0	33	52	85
75 to 84	65	98	0	0	1	4	0	0	66	102	168
85 _Over	47	194	0	0	0	0	0	0	47	194	241
TOTALS	155	356	0	0	80	58	0	0	235	414	649

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	27637	113582	38934	180153	81.6	81.9
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		50986	0	50986	99.1	99.1
Shelter			0	0	0.0	0.0
TOTALS	27637	164568	38934	231139	84.9	85.1

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	27637	22.9	113582	52.3
SklUnd22			0	0.0
ICF/DD			50986	99.1
TOTALS	27637	22.9	164568	61.3

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 121

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	640
B. Total Admissions 2005	1119
C. Total Discharges 2005	1110
D. Residents on December 31, 2005	649

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	86	301	11	2	111	0	511
SklUnd22	0	0	0	0	0	0	0
ICF/DD		138	0	0	0	0	138
Shelter			0	0	0	0	0
TOTALS	86	439	11	2	111	0	649

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Indian	1	0	0	0	1
Black	15	0	32	0	47
Hawaiin or Pacific Islander	0	0	0	0	0
White	495	0	105	0	600
Unknown	0	0	0	0	0
Total	511	0	138	0	649
ETHNICITY					
Hispanic	0	0	1	0	1
Not Hispanic	424	0	137	0	561
Unknown	87	0	0	0	87
Total	511	0	138	0	649

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	114
Skilled Under 22	0	0
Intermediate DD	111	130
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	27	19	0	0	0	0	0	0	0	0	27	19	46
45 to 59	3	0	44	36	0	1	0	0	0	1	0	0	47	38	85
60 to 64	1	0	12	7	0	0	0	1	2	1	0	0	15	9	24
65 to 74	5	12	19	32	4	1	0	0	5	7	0	0	33	52	85
75 to 84	16	17	41	62	0	3	0	1	9	19	0	0	66	102	168
85 _Over	14	18	18	122	0	2	0	0	15	52	0	0	47	194	241
TOTALS	39	47	161	278	4	7	0	2	31	80	0	0	235	414	649

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	9.00
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	47.25
LPN's	83.50
Certified Aides	365.50
Other Health Staff	38.00
Non-Health Staff	239.00
Totals	789.25

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Perry
State of Illinois	
TOTAL FACILITIES	4
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	3
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	4
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	1
Chronic Alcoholism	2
Developmentally Disabled	2
Drug Addiction	2
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	2
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	1
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System	11
Alzheimer Disease	76
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	191

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	260	256	206	236	191	36	260
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	260	256	206	236	191	36	260

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	0	0	0	0	0	0	0	3	0	3
65 ro 74	4	12	0	0	0	0	0	0	4	12	16
75 to 84	16	44	0	0	0	0	0	0	16	44	60
85 _Over	11	100	0	0	0	0	0	0	11	100	111
TOTALS	34	157	0	0	0	0	0	0	34	157	191

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	3488	36798	24420	64706	68.2	69.2
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			0	0	0.0	0.0
TOTALS	3488	36798	24420	64706	68.2	69.2

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	3488	26.5	36798	38.8
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	3488	26.5	36798	38.8

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 145

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	189
B. Total Admissions 2005	202
C. Total Discharges 2005	200
D. Residents on December 31, 2005	191

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	111	0	1	69	0	191
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	0	0	0
TOTALS	10	111	0	1	69	0	191

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiin or Pacific Islander	0	0	0	0	0
White	189	0	0	0	189
Unknown	0	0	0	0	0
Total	191	0	0	0	191
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	191	0	0	0	191
Unknown	0	0	0	0	0
Total	191	0	0	0	191

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	112	91
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	1	0	0	0	0	0	0	0	0	0	1	1
60 to 64	0	0	1	0	0	0	0	0	2	0	0	0	3	0	3
65 to 74	1	0	2	7	0	0	0	0	1	5	0	0	4	12	16
75 to 84	0	5	12	29	0	0	0	0	4	10	0	0	16	44	60
85 _Over	1	3	6	53	0	0	0	1	4	43	0	0	11	100	111
TOTALS	2	8	21	90	0	0	0	1	11	58	0	0	34	157	191

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	7.17
LPN's	23.62
Certified Aides	65.41
Other Health Staff	3.88
Non-Health Staff	44.19
Totals	151.27

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Randolph
State of Illinois	
TOTAL FACILITIES	8
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	7
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	6
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	2
NON-PROFIT OWNERSHIP	3
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	2
Chronic Alcoholism	2
Developmentally Disabled	4
Drug Addiction	2
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	3
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	1
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	24
Blood Disorders	2
*Nervous System	29
Alzheimer Disease	67
Mental Illness	302
Developmental Disability	36
Circulatory System	108
Respiratory System	16
Digestive System	8
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	39
Injuries and Poisonings	17
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	680

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	772	738	694	738	652	170	492
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	32	32	28	32	28		32
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	804	770	722	770	680	170	524

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	169	0	0	0	5	4	0	0	174	4	178
45 to 59	98	6	0	0	6	7	0	0	104	13	117
60 to 64	12	5	0	0	1	2	0	0	13	7	20
65 ro 74	18	17	0	0	2	1	0	0	20	18	38
75 to 84	43	90	0	0	0	0	0	0	43	90	133
85 _Over	39	155	0	0	0	0	0	0	39	155	194
TOTALS	379	273	0	0	14	14	0	0	393	287	680

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	11649	71479	158532	241660	85.8	89.7
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		10720	0	10720	91.8	91.8
Shelter			0	0	0.0	0.0
TOTALS	11649	82199	158532	252380	86.0	89.8

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	11649	18.8	71479	39.8
SklUnd22			0	0.0
ICF/DD			10720	91.8
TOTALS	11649	18.8	82199	43.0

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 157

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	697
B. Total Admissions 2005	559
C. Total Discharges 2005	576
D. Residents on December 31, 2005	680

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	120	190	119	0	223	0	652
SklUnd22	0	0	0	0	0	0	0
ICF/DD		28	0	0	0	0	28
Shelter			0	0	0	0	0
TOTALS	120	218	119	0	223	0	680

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Indian	0	0	0	0	0
Black	142	0	6	0	148
Hawaiin or Pacific Islander	0	0	0	0	0
White	492	0	22	0	514
Unknown	15	0	0	0	15
Total	652	0	28	0	680
ETHNICITY					
Hispanic	13	0	0	0	13
Not Hispanic	639	0	28	0	667
Unknown	0	0	0	0	0
Total	652	0	28	0	680

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	113	152
Skilled Under 22	0	0
Intermediate DD	211	105
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	51	0	16	4	85	0	0	0	22	0	0	0	174	4	178
45 to 59	34	0	9	11	29	0	0	0	32	2	0	0	104	13	117
60 to 64	3	0	3	6	4	0	0	0	3	1	0	0	13	7	20
65 to 74	5	1	7	13	1	0	0	0	7	4	0	0	20	18	38
75 to 84	4	6	21	49	0	0	0	0	18	35	0	0	43	90	133
85 _Over	7	9	12	67	0	0	0	0	20	79	0	0	39	155	194
TOTALS	104	16	68	150	119	0	0	0	102	121	0	0	393	287	680

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	26.00
Physicians	7.17
Director of Nursing	7.00
Registered Nurses	54.00
LPN's	58.00
Certified Aides	156.00
Other Health Staff	311.40
Non-Health Staff	228.00
Totals	847.57

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Richland
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	4
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	3
Chronic Alcoholism	3
Developmentally Disabled	2
Drug Addiction	4
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	3
Non-Ambulatory	1
Non-Mobile	2
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	1
Other Restrictions	0
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	17
Blood Disorders	2
*Nervous System	8
Alzheimer Disease	20
Mental Illness	5
Developmental Disability	17
Circulatory System	78
Respiratory System	29
Digestive System	7
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	26
Other Medical Conditions	11
Non-Medical Conditions	34
TOTALS	289

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	308	308	258	308	240	288	254
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15		16
Sheltered Care	49	49	38	49	34		
TOTAL BEDS	373	373	312	373	289	288	270

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	0	0	4	2	2	1	7	5	12
45 to 59	5	2	0	0	2	3	7	5	14	10	24
60 to 64	4	2	0	0	1	2	3	1	8	5	13
65 ro 74	9	17	0	0	1	0	1	3	11	20	31
75 to 84	22	46	0	0	0	0	1	7	23	53	76
85 _Over	28	102	0	0	0	0	1	2	29	104	133
TOTALS	69	171	0	0	8	7	15	19	92	197	289

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	11151	45920	28351	85422	76.0	76.0
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5586	0	5586	95.7	95.7
Shelter			13530	13530	75.6	75.6
TOTALS	11151	51506	41881	104538	76.8	76.8

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	11151	10.6	45920	49.5
SklUnd22			0	0.0
ICF/DD			5586	95.7
TOTALS	11151	10.6	51506	52.3

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 159

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	297
B. Total Admissions 2005	460
C. Total Discharges 2005	468
D. Residents on December 31, 2005	289

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	128	0	0	83	0	240
SklUnd22	0	0	0	0	0	0	0
ICF/DD		15	0	0	0	0	15
Shelter			0	0	34	0	34
TOTALS	29	143	0	0	117	0	289

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	1	0	1	0	2
Hawaiin or Pacific Islander	0	0	0	0	0
White	239	0	14	34	287
Unknown	0	0	0	0	0
Total	240	0	15	34	289
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	240	0	15	34	289
Unknown	0	0	0	0	0
Total	240	0	15	34	289

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	106	98
Skilled Under 22	0	0
Intermediate DD	125	125
Shelter	0	80

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	5	4	0	0	0	0	2	1	0	0	7	5	12
45 to 59	0	0	7	5	0	0	0	0	7	5	0	0	14	10	24
60 to 64	0	0	5	3	0	0	0	0	3	2	0	0	8	5	13
65 to 74	0	1	8	12	0	0	0	0	3	7	0	0	11	20	31
75 to 84	4	7	11	30	0	0	0	0	8	16	0	0	23	53	76
85 _Over	3	14	10	43	0	0	0	0	16	47	0	0	29	104	133
TOTALS	7	22	46	97	0	0	0	0	39	78	0	0	92	197	289

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.50
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	27.75
LPN's	25.00
Certified Aides	107.50
Other Health Staff	11.90
Non-Health Staff	77.90
Totals	259.55

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Union
State of Illinois	
TOTAL FACILITIES	15
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	14
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	6
SHELTERED CARE BEDS ONLY	2
DD CARE BEDS ONLY	7
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	3
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	10

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	3
Chronic Alcoholism	6
Developmentally Disabled	3
Drug Addiction	5
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	2
Non-Ambulatory	4
Non-Mobile	7
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	4
Other Restrictions	3
No Restrictions	3

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System	13
Alzheimer Disease	73
Mental Illness	140
Developmental Disability	170
Circulatory System	10
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	58
Non-Medical Conditions	70
TOTALS	558

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	376	399	363	390	323	99	231
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	175	175	175	175	165		175
Sheltered Care	74	74	72	74	70		
TOTAL BEDS	625	648	610	639	558	99	406

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	2	0	0	0	0	0	0	0	2	2
18 to 44	27	13	0	0	32	22	13	4	72	39	111
45 to 59	30	12	0	0	36	17	23	6	89	35	124
60 to 64	18	7	0	0	19	4	8	1	45	12	57
65 ro 74	16	17	0	0	15	8	10	1	41	26	67
75 to 84	44	37	0	0	4	7	3	0	51	44	95
85 _Over	37	63	0	0	0	1	1	0	38	64	102
TOTALS	172	151	0	0	106	59	58	12	336	222	558

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	9146	53376	54533	117055	85.3	80.4
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		55761	5468	61229	95.9	95.9
Shelter			25534	25534	94.5	94.5
TOTALS	9146	109137	85535	203818	89.3	86.2

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	9146	25.3	53376	63.3
SklUnd22			0	0.0
ICF/DD			55761	87.3
TOTALS	9146	25.3	109137	73.6

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 181

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	555
B. Total Admissions 2005	907
C. Total Discharges 2005	904
D. Residents on December 31, 2005	558

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	149	103	0	33	0	323
SklUnd22	0	0	0	0	0	0	0
ICF/DD		164	0	0	1	0	165
Shelter			41	0	29	0	70
TOTALS	38	313	144	0	63	0	558

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Indian	0	0	0	0	0
Black	18	0	26	5	49
Hawaiin or Pacific Islander	0	0	0	0	0
White	304	0	139	64	507
Unknown	0	0	0	1	1
Total	323	0	165	70	558
ETHNICITY					
Hispanic	1	0	2	1	4
Not Hispanic	322	0	163	69	554
Unknown	0	0	0	0	0
Total	323	0	165	70	558

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	80	112
Skilled Under 22	0	0
Intermediate DD	110	111
Shelter	31	30

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	2	0	0	0	0	0	0	0	0	0	2	2
18 to 44	9	4	36	23	23	12	0	0	4	0	0	0	72	39	111
45 to 59	7	1	44	21	28	13	0	0	10	0	0	0	89	35	124
60 to 64	2	1	28	8	10	3	0	0	5	0	0	0	45	12	57
65 to 74	1	0	27	23	3	3	0	0	10	0	0	0	41	26	67
75 to 84	3	5	18	33	26	1	0	0	4	5	0	0	51	44	95
85 _Over	2	3	9	41	22	0	0	0	5	20	0	0	38	64	102
TOTALS	24	14	162	151	112	32	0	0	38	25	0	0	336	222	558

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	27.50
Physicians	7.00
Director of Nursing	10.00
Registered Nurses	44.00
LPN's	36.00
Certified Aides	161.00
Other Health Staff	143.00
Non-Health Staff	142.00
Totals	570.50

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Washington
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	4
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	2
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	3
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	1
Chronic Alcoholism	2
Developmentally Disabled	1
Drug Addiction	3
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	2
*Nervous System	5
Alzheimer Disease	29
Mental Illness	4
Developmental Disability	40
Circulatory System	51
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	6
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	181

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	263	263	155	263	144	37	230
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	48	48	41	48	37		48
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	311	311	196	311	181	37	278

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	1	2	0	0	7	13	0	0	8	15	23
60 to 64	2	1	0	0	0	1	0	0	2	2	4
65 ro 74	5	3	0	0	3	4	0	0	8	7	15
75 to 84	20	26	0	0	1	2	0	0	21	28	49
85 _Over	26	58	0	0	0	0	0	0	26	58	84
TOTALS	54	90	0	0	15	22	0	0	69	112	181

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	3023	23768	25462	52253	54.4	54.4
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		10395	3691	14086	80.4	80.4
Shelter			0	0	0.0	0.0
TOTALS	3023	34163	29153	66339	58.4	58.4

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	3023	22.4	23768	28.3
SklUnd22			0	0.0
ICF/DD			10395	59.3
TOTALS	3023	22.4	34163	33.7

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 189

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	185
B. Total Admissions 2005	159
C. Total Discharges 2005	163
D. Residents on December 31, 2005	181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	64	0	0	69	0	144
SklUnd22	0	0	0	0	0	0	0
ICF/DD		37	0	0	0	0	37
Shelter			0	0	0	0	0
TOTALS	11	101	0	0	69	0	181

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	0	0	9	0	9
Hawaiin or Pacific Islander	0	0	0	0	0
White	144	0	28	0	172
Unknown	0	0	0	0	0
Total	144	0	37	0	181
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	144	0	37	0	181
Unknown	0	0	0	0	0
Total	144	0	37	0	181

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	121	94
Skilled Under 22	0	0
Intermediate DD	191	113
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	4	2	0	0	0	0	0	0	0	0	4	2	6
45 to 59	0	0	8	15	0	0	0	0	0	0	0	0	8	15	23
60 to 64	0	0	1	2	0	0	0	0	1	0	0	0	2	2	4
65 to 74	0	1	6	5	0	0	0	0	2	1	0	0	8	7	15
75 to 84	1	3	12	17	0	0	0	0	8	8	0	0	21	28	49
85 _Over	2	4	10	19	0	0	0	0	14	35	0	0	26	58	84
TOTALS	3	8	41	60	0	0	0	0	25	44	0	0	69	112	181

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	10.50
LPN's	21.00
Certified Aides	67.00
Other Health Staff	13.00
Non-Health Staff	39.50
Totals	156.00

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Wayne
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	4
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	2
Chronic Alcoholism	3
Developmentally Disabled	3
Drug Addiction	3
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	2
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	31
Blood Disorders	2
*Nervous System	2
Alzheimer Disease	19
Mental Illness	10
Developmental Disability	32
Circulatory System	10
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	28
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	164

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	169	157	139	156	132	134	139
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	32	32	32	32	32		32
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	201	189	171	188	164	134	171

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	5	8	0	0	5	9	14
45 to 59	1	9	0	0	4	6	0	0	5	15	20
60 to 64	2	0	0	0	1	1	0	0	3	1	4
65 ro 74	4	5	0	0	2	1	0	0	6	6	12
75 to 84	8	26	0	0	1	2	0	0	9	28	37
85 _Over	10	66	0	0	1	0	0	0	11	66	77
TOTALS	25	107	0	0	14	18	0	0	39	125	164

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	4035	26724	15408	46167	74.8	80.6
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		11460	162	11622	99.5	99.5
Shelter			0	0	0.0	0.0
TOTALS	4035	38184	15570	57789	78.8	83.8

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	4035	8.2	26724	52.7
SklUnd22			0	0.0
ICF/DD			11460	98.1
TOTALS	4035	8.2	38184	61.2

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 191

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	168
B. Total Admissions 2005	300
C. Total Discharges 2005	304
D. Residents on December 31, 2005	164

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	84	0	1	35	0	132
SklUnd22	0	0	0	0	0	0	0
ICF/DD		32	0	0	0	0	32
Shelter			0	0	0	0	0
TOTALS	12	116	0	1	35	0	164

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiin or Pacific Islander	0	0	0	0	0
White	131	0	32	0	163
Unknown	0	0	0	0	0
Total	132	0	32	0	164
ETHNICITY					
Hispanic	0	0	1	0	1
Not Hispanic	132	0	31	0	163
Unknown	0	0	0	0	0
Total	132	0	32	0	164

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	101
Skilled Under 22	0	0
Intermediate DD	114	113
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	5	9	0	0	0	0	0	0	0	0	5	9	14
45 to 59	0	1	5	13	0	0	0	0	0	1	0	0	5	15	20
60 to 64	1	0	2	1	0	0	0	0	0	0	0	0	3	1	4
65 to 74	0	0	6	5	0	0	0	0	0	1	0	0	6	6	12
75 to 84	0	3	7	21	0	0	0	0	2	4	0	0	9	28	37
85 _Over	0	7	6	36	0	0	0	1	5	22	0	0	11	66	77
TOTALS	1	11	31	85	0	0	0	1	7	28	0	0	39	125	164

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.50
Physicians	0.00
Director of Nursing	3.25
Registered Nurses	19.20
LPN's	11.00
Certified Aides	78.00
Other Health Staff	7.00
Non-Health Staff	35.50
Totals	157.45

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	White
State of Illinois	
TOTAL FACILITIES	4
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	4
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	2
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	2
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	2

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	9
Blood Disorders	4
*Nervous System	12
Alzheimer Disease	79
Mental Illness	14
Developmental Disability	16
Circulatory System	58
Respiratory System	15
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	28
Injuries and Poisonings	4
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	261

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	301	294	265	292	246	158	293
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15		16
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	317	310	281	308	261	158	309

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	4	0	0	0	4	4
45 to 59	1	1	0	0	2	5	0	0	3	6	9
60 to 64	1	10	0	0	0	0	0	0	1	10	11
65 ro 74	7	26	0	0	0	2	0	0	7	28	35
75 to 84	20	44	0	0	1	1	0	0	21	45	66
85 _Over	20	116	0	0	0	0	0	0	20	116	136
TOTALS	49	197	0	0	3	12	0	0	52	209	261

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	6237	55604	24654	86495	78.7	80.6
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5594	0	5594	95.8	95.8
Shelter			0	0	0.0	0.0
TOTALS	6237	61198	24654	92089	79.6	81.4

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	6237	10.8	55604	52.0
SklUnd22			0	0.0
ICF/DD			5594	95.8
TOTALS	6237	10.8	61198	54.3

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 193

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	273
B. Total Admissions 2005	219
C. Total Discharges 2005	231
D. Residents on December 31, 2005	261

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	156	0	2	72	0	246
SklUnd22	0	0	0	0	0	0	0
ICF/DD		15	0	0	0	0	15
Shelter			0	0	0	0	0
TOTALS	16	171	0	2	72	0	261

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	1	0	4	0	5
Hawaiin or Pacific Islander	0	0	0	0	0
White	245	0	11	0	256
Unknown	0	0	0	0	0
Total	246	0	15	0	261
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	246	0	15	0	261
Unknown	0	0	0	0	0
Total	246	0	15	0	261

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	131	99
Skilled Under 22	0	0
Intermediate DD	0	130
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	4	0	0	0	0	0	0	0	0	0	4	4
45 to 59	0	0	3	6	0	0	0	0	0	0	0	0	3	6	9
60 to 64	0	0	1	10	0	0	0	0	0	0	0	0	1	10	11
65 to 74	1	1	5	22	0	0	0	0	1	5	0	0	7	28	35
75 to 84	1	3	12	33	0	0	1	0	7	9	0	0	21	45	66
85 _Over	2	8	6	69	0	0	1	0	11	39	0	0	20	116	136
TOTALS	4	12	27	144	0	0	2	0	19	53	0	0	52	209	261

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	20.00
LPN's	41.25
Certified Aides	128.50
Other Health Staff	13.00
Non-Health Staff	72.00
Totals	281.75

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

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

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Williamson
State of Illinois	
TOTAL FACILITIES	10
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	10
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	4
SHELTERED CARE BEDS ONLY	2
DD CARE BEDS ONLY	4
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	9

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	1
Chronic Alcoholism	3
Developmentally Disabled	4
Drug Addiction	3
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	2
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	1
Other Restrictions	1
No Restrictions	2

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	31
Blood Disorders	49
*Nervous System	17
Alzheimer Disease	28
Mental Illness	14
Developmental Disability	65
Circulatory System	85
Respiratory System	18
Digestive System	5
Genitourinary System Disorders	9
Skin Disorders	6
Musculo-skeletal Disorders	9
Injuries and Poisonings	14
Other Medical Conditions	79
Non-Medical Conditions	57
TOTALS	491

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	452	452	418	447	375	219	416
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	64	64	63	64	59		111
Sheltered Care	173	173	60	173	57		
TOTAL BEDS	689	689	541	684	491	219	527

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	9	4	3	0	14	4	18
45 to 59	3	3	0	0	14	13	5	6	22	22	44
60 to 64	3	2	0	0	3	5	2	0	8	7	15
65 ro 74	12	20	0	0	4	1	3	5	19	26	45
75 to 84	21	88	0	0	3	3	3	13	27	104	131
85 _Over	42	179	0	0	0	0	4	13	46	192	238
TOTALS	83	292	0	0	33	26	20	37	136	355	491

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	22877	76550	38067	137494	83.3	83.3
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		21835	0	21835	93.5	93.5
Shelter			18878	18878	29.9	29.9
TOTALS	22877	98385	56945	178207	70.9	70.9

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	22877	28.6	76550	50.4
SklUnd22			0	0.0
ICF/DD			21835	53.9
TOTALS	22877	28.6	98385	51.1

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

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

HEALTH SERVICE AREA 005
LTC PLANNING AREA 199

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	498
B. Total Admissions 2005	866
C. Total Discharges 2005	873
D. Residents on December 31, 2005	491

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	68	214	0	0	93	0	375
SklUnd22	0	0	0	0	0	0	0
ICF/DD		59	0	0	0	0	59
Shelter			0	0	57	0	57
TOTALS	68	273	0	0	150	0	491

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Indian	0	0	0	0	0
Black	8	0	4	4	16
Hawaiin or Pacific Islander	0	0	0	0	0
White	365	0	55	53	473
Unknown	0	0	0	0	0
Total	375	0	59	57	491
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	233	0	59	57	349
Unknown	142	0	0	0	142
Total	375	0	59	57	491

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	108
Skilled Under 22	0	0
Intermediate DD	110	104
Shelter	91	62

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	10	4	0	0	0	0	3	0	0	0	14	4	18
45 to 59	1	0	16	16	0	0	0	0	5	6	0	0	22	22	44
60 to 64	0	0	5	7	0	0	0	0	3	0	0	0	8	7	15
65 to 74	3	4	12	17	0	0	0	0	4	5	0	0	19	26	45
75 to 84	4	29	17	53	0	0	0	0	6	22	0	0	27	104	131
85 _Over	6	20	22	94	0	0	0	0	18	78	0	0	46	192	238
TOTALS	15	53	82	191	0	0	0	0	39	111	0	0	136	355	491

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	9.00
Physicians	0.00
Director of Nursing	6.00
Registered Nurses	15.50
LPN's	43.94
Certified Aides	194.57
Other Health Staff	45.95
Non-Health Staff	126.45
Totals	441.41

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

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

HEALTH SERVICE AREA	006
LTC PLANNING AREA	Planning Area 6-A
State of Illinois	
TOTAL FACILITIES	64
HOSPITAL BASED UNITS	4
FREE STANDING FACILITIES	60
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	42
SHELTERED CARE BEDS ONLY	2
DD CARE BEDS ONLY	13
MULTI-LICENSED FACILITIES	7
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	2
NON-PROFIT OWNERSHIP	24
FOR PROFIT OWNERSHIP	38

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	34
Chronic Alcoholism	34
Developmentally Disabled	29
Drug Addiction	40
Medicaid Recipient	6
Medicare Recipient	4
Mental Illness	29
Non-Ambulatory	18
Non-Mobile	22
Public Aid Recipient	5
Under 65 Years Old	3
Unable to Self-Medicate	12
Other Restrictions	8
No Restrictions	2

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	189
Endocrine/Metabolic	566
Blood Disorders	150
*Nervous System	336
Alzheimer Disease	309
Mental Illness	2211
Developmental Disability	547
Circulatory System	952
Respiratory System	396
Digestive System	247
Genitourinary System Disorders	151
Skin Disorders	116
Musculo-skeletal Disorders	406
Injuries and Poisonings	94
Other Medical Conditions	375
Non-Medical Conditions	229
TOTALS	7274

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	7825	7687	6826	7597	6450	3709	7360
Skilled Under 22	150	102	95	102	91		150
Intermediate DD	357	381	381	357	357		381
Sheltered Care	657	495	395	476	376		
TOTAL BEDS	8989	8665	7697	8532	7274	3709	7891

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	31	21	0	0	0	0	31	21	52
18 to 44	635	245	21	11	115	186	11	2	782	444	1226
45 to 59	1120	522	5	2	16	40	10	1	1151	565	1716
60 to 64	330	243	0	0	0	0	4	1	334	244	578
65 ro 74	515	486	0	0	0	0	8	13	523	499	1022
75 to 84	442	746	0	0	0	0	33	76	475	822	1297
85 _Over	257	909	0	0	0	0	32	185	289	1094	1383
TOTALS	3299	3151	57	34	131	226	98	278	3585	3689	7274

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	152323	1911193	278910	2342426	82.0	83.5
SklUnd22	0	31790	1084	32874	60.0	88.3
ICF/DD		128923	1005	129928	99.7	93.4
Shelter			142518	142518	59.4	78.9
TOTALS	152323	2071906	423517	2647746	80.7	83.7

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	152323	11.3	1911193	71.1
SklUnd22			31790	58.1
ICF/DD			128923	92.7
TOTALS	152323	11.3	2071906	71.9

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

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

HEALTH SERVICE AREA 006
LTC PLANNING AREA 601

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	7349
B. Total Admissions 2005	13737
C. Total Discharges 2005	13812
D. Residents on December 31, 2005	7274

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	414	5338	136	31	518	13	6450
SklUnd22	0	85	6	0	0	0	91
ICF/DD		354	0	0	3	0	357
Shelter			6	0	352	18	376
TOTALS	414	5777	148	31	873	31	7274

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	304	4	9	11	328
Indian	22	0	0	1	23
Black	1841	56	25	23	1945
Hawaiin or Pacific Islander	15	0	0	0	15
White	4019	19	322	341	4701
Unknown	249	12	1	0	262
Total	6450	91	357	376	7274
ETHNICITY					
Hispanic	496	9	10	3	518
Not Hispanic	5714	79	346	373	6512
Unknown	240	3	1	0	244
Total	6450	91	357	376	7274

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	189	168
Skilled Under 22	0	169
Intermediate DD	181	177
Shelter	115	78

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	26	20	5	1	0	0	0	0	0	0	31	21	52
18 to 44	15	0	687	422	61	18	0	1	19	3	0	0	782	444	1226
45 to 59	19	2	1070	540	24	15	6	3	32	5	0	0	1151	565	1716
60 to 64	10	6	311	230	0	3	1	1	12	4	0	0	334	244	578
65 to 74	34	42	457	431	5	4	3	2	24	20	0	0	523	499	1022
75 to 84	65	93	322	548	0	6	5	4	83	166	0	5	475	822	1297
85 _Over	42	86	152	561	0	6	1	4	93	412	1	25	289	1094	1383
TOTALS	185	229	3025	2752	95	53	16	15	263	610	1	30	3585	3689	7274

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	123.35
Physicians	20.00
Director of Nursing	55.00
Registered Nurses	640.61
LPN's	415.30
Certified Aides	2056.19
Other Health Staff	601.22
Non-Health Staff	1845.90
Totals	5757.57

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

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

HEALTH SERVICE AREA	006
LTC PLANNING AREA	Planning Area 6-B
State of Illinois	
TOTAL FACILITIES	31
HOSPITAL BASED UNITS	4
FREE STANDING FACILITIES	27
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	27
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	8
FOR PROFIT OWNERSHIP	22

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	16
Chronic Alcoholism	9
Developmentally Disabled	20
Drug Addiction	14
Medicaid Recipient	3
Medicare Recipient	2
Mental Illness	11
Non-Ambulatory	7
Non-Mobile	9
Public Aid Recipient	0
Under 65 Years Old	1
Unable to Self-Medicate	2
Other Restrictions	4
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	77
Endocrine/Metabolic	399
Blood Disorders	75
*Nervous System	163
Alzheimer Disease	224
Mental Illness	1474
Developmental Disability	74
Circulatory System	408
Respiratory System	147
Digestive System	121
Genitourinary System Disorders	87
Skin Disorders	62
Musculo-skeletal Disorders	157
Injuries and Poisonings	54
Other Medical Conditions	191
Non-Medical Conditions	35
TOTALS	3748

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	4323	4203	3928	4155	3657	2075	3695
Skilled Under 22	0	48	40	48	38		0
Intermediate DD	12	12	12	12	11		12
Sheltered Care	67	58	49	55	42		
TOTAL BEDS	4402	4321	4029	4270	3748	2075	3707

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	11	11	0	0	0	0	11	11	22
18 to 44	331	142	6	10	6	3	6	0	349	155	504
45 to 59	707	358	0	0	1	1	12	2	720	361	1081
60 to 64	194	110	0	0	0	0	2	0	196	110	306
65 ro 74	296	249	0	0	0	1	1	0	297	250	547
75 to 84	268	401	0	0	1	0	2	4	271	405	676
85 _Over	133	466	0	0	0	0	5	8	138	474	612
TOTALS	1929	1726	17	21	8	5	28	14	1982	1766	3748

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	115869	1110285	129529	1355683	85.9	88.4
SklUnd22	0	0	12041	12041	0.0	68.7
ICF/DD		4319	0	4319	98.6	98.6
Shelter			16611	16611	67.9	78.5
TOTALS	115869	1114604	158181	1388654	86.4	88.0

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	115869	15.3	1110285	82.3
SklUnd22			0	0.0
ICF/DD			4319	98.6
TOTALS	115869	15.3	1114604	82.4

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

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

HEALTH SERVICE AREA 006
LTC PLANNING 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	333	3066	29	19	210	0	3657
SklUnd22	0	0	38	0	0	0	38
ICF/DD		11	0	0	0	0	11
Shelter			0	0	42	0	42
TOTALS	333	3077	67	19	252	0	3748

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	3822
B. Total Admissions 2005	6648
C. Total Discharges 2005	6722
D. Residents on December 31, 2005	3748

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	27	0	0	0	27
Indian	1	0	0	0	1
Black	1625	27	0	2	1654
Hawaiin or Pacific Islander	2	0	0	0	2
White	1955	11	13	40	2019
Unknown	45	0	0	0	45
Total	3655	38	13	42	3748
ETHNICITY					
Hispanic	482	7	4	3	496
Not Hispanic	2989	31	7	39	3066
Unknown	186	0	0	0	186
Total	3657	38	11	42	3748

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	174	162
Skilled Under 22	612	612
Intermediate DD	118	118
Shelter	108	76

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	11	11	0	0	0	0	0	0	11	11	22
18 to 44	1	1	331	144	9	10	2	0	6	0	0	0	349	155	504
45 to 59	10	5	682	349	10	2	4	2	14	3	0	0	720	361	1081
60 to 64	8	8	174	100	2	2	5	0	7	0	0	0	196	110	306
65 to 74	39	33	249	203	2	2	1	1	6	11	0	0	297	250	547
75 to 84	53	80	196	287	4	0	1	0	17	38	0	0	271	405	676
85 _Over	30	65	79	283	1	1	0	3	28	122	0	0	138	474	612
TOTALS	141	192	1711	1366	39	28	13	6	78	174	0	0	1982	1766	3748

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	44.50
Physicians	2.50
Director of Nursing	27.10
Registered Nurses	269.48
LPN's	241.15
Certified Aides	942.09
Other Health Staff	205.02
Non-Health Staff	888.87
Totals	2620.71

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

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

HEALTH SERVICE AREA	006
LTC PLANNING AREA	Planning Area 6-C
State of Illinois	
TOTAL FACILITIES	31
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	30
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	23
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	6
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	10
FOR PROFIT OWNERSHIP	21

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	14
Chronic Alcoholism	15
Developmentally Disabled	13
Drug Addiction	18
Medicaid Recipient	1
Medicare Recipient	2
Mental Illness	8
Non-Ambulatory	5
Non-Mobile	6
Public Aid Recipient	3
Under 65 Years Old	3
Unable to Self-Medicate	1
Other Restrictions	3
No Restrictions	2

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	181
Endocrine/Metabolic	623
Blood Disorders	118
*Nervous System	237
Alzheimer Disease	503
Mental Illness	560
Developmental Disability	323
Circulatory System	706
Respiratory System	315
Digestive System	212
Genitourinary System Disorders	104
Skin Disorders	114
Musculo-skeletal Disorders	132
Injuries and Poisonings	64
Other Medical Conditions	317
Non-Medical Conditions	0
TOTALS	4509

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	5073	5051	4397	5042	4121	2707	5027
Skilled Under 22	105	105	99	105	99		99
Intermediate DD	220	220	208	220	198		220
Sheltered Care	185	104	104	91	91		
TOTAL BEDS	5583	5480	4808	5458	4509	2707	5346

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	26	20	0	0	0	0	26	20	46
18 to 44	179	123	34	23	60	35	0	0	273	181	454
45 to 59	526	303	8	12	50	27	0	0	584	342	926
60 to 64	221	134	16	4	9	0	0	0	246	138	384
65 ro 74	331	305	3	6	12	3	1	2	347	316	663
75 to 84	385	633	8	3	1	0	7	20	401	656	1057
85 _Over	227	684	3	3	1	0	15	46	246	733	979
TOTALS	1869	2182	98	71	133	65	23	68	2123	2386	4509

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	159892	1217696	108550	1486138	80.3	80.6
SklUnd22	0	28992	1648	30640	79.9	79.9
ICF/DD		71148	365	71513	89.1	89.1
Shelter			34342	34342	50.9	90.5
TOTALS	159892	1317836	144905	1622633	79.6	81.1

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	159892	16.2	1217696	66.4
SklUnd22			28992	80.2
ICF/DD			71148	88.6
TOTALS	159892	16.2	1317836	67.5

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

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

HEALTH SERVICE AREA 006
LTC PLANNING AREA 603

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	4580
B. Total Admissions 2005	7379
C. Total Discharges 2005	7450
D. Residents on December 31, 2005	4509

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	412	3410	68	10	221	0	4121
SklUnd22	0	93	0	0	6	0	99
ICF/DD		197	0	0	1	0	198
Shelter			19	0	72	0	91
TOTALS	412	3700	87	10	300	0	4509

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	66	4	0	0	70
Indian	0	0	0	0	0
Black	3614	95	140	3	3852
Hawaiin or Pacific Islander	4	0	0	0	4
White	332	57	40	88	517
Unknown	35	13	18	0	66
Total	4051	169	198	91	4509
ETHNICITY					
Hispanic	105	13	18	0	136
Not Hispanic	3288	86	180	91	3645
Unknown	728	0	0	0	728
Total	4121	99	198	91	4509

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	126
Skilled Under 22	225	225
Intermediate DD	130	123
Shelter	90	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	25	20	0	0	0	0	1	0	0	0	26	20	46
18 to 44	8	7	259	172	1	0	0	1	5	1	0	0	273	181	454
45 to 59	25	9	549	324	3	2	2	1	5	6	0	0	584	342	926
60 to 64	25	10	214	119	4	4	0	0	3	5	0	0	246	138	384
65 to 74	43	55	289	239	5	6	1	0	9	16	0	0	347	316	663
75 to 84	51	81	311	517	7	8	2	2	30	48	0	0	401	656	1057
85 _Over	39	59	168	494	7	40	0	1	32	139	0	0	246	733	979
TOTALS	191	221	1815	1885	27	60	5	5	85	215	0	0	2123	2386	4509

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	34.00
Physicians	0.05
Director of Nursing	28.00
Registered Nurses	158.40
LPN's	521.43
Certified Aides	1518.89
Other Health Staff	189.30
Non-Health Staff	1201.00
Totals	3651.07

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

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

HEALTH SERVICE AREA	007
LTC PLANNING AREA	Planning Area 7-A
State of Illinois	
TOTAL FACILITIES	28
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	28
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	13
SHELTERED CARE BEDS ONLY	4
DD CARE BEDS ONLY	5
MULTI-LICENSED FACILITIES	6
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	9
FOR PROFIT OWNERSHIP	19

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	22
Chronic Alcoholism	21
Developmentally Disabled	16
Drug Addiction	23
Medicaid Recipient	6
Medicare Recipient	2
Mental Illness	18
Non-Ambulatory	2
Non-Mobile	4
Public Aid Recipient	2
Under 65 Years Old	3
Unable to Self-Medicate	1
Other Restrictions	1
No Restrictions	2

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	75
Endocrine/Metabolic	132
Blood Disorders	33
*Nervous System	83
Alzheimer Disease	309
Mental Illness	66
Developmental Disability	299
Circulatory System	509
Respiratory System	256
Digestive System	142
Genitourinary System Disorders	93
Skin Disorders	54
Musculo-skeletal Disorders	284
Injuries and Poisonings	245
Other Medical Conditions	369
Non-Medical Conditions	223
TOTALS	3172

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	2943	2854	2608	2837	2435	2150	1837
Skilled Under 22	57	57	57	57	56		55
Intermediate DD	239	239	238	239	237		239
Sheltered Care	578	536	470	532	444		
TOTAL BEDS	3817	3686	3373	3665	3172	2150	2131

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	8	11	0	0	0	0	8	11	19
18 to 44	7	6	21	15	53	32	0	0	81	53	134
45 to 59	35	47	1	0	48	57	2	0	86	104	190
60 to 64	17	24	0	0	7	11	0	1	24	36	60
65 ro 74	86	171	0	0	11	11	11	24	108	206	314
75 to 84	206	578	0	0	6	1	30	140	242	719	961
85 _Over	214	1044	0	0	0	0	32	204	246	1248	1494
TOTALS	565	1870	30	26	125	112	75	369	795	2377	3172

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	161985	386973	324746	873704	81.3	83.9
SklUnd22	0	19687	366	20053	96.4	96.4
ICF/DD		84341	1293	85634	98.2	98.2
Shelter			165512	165512	78.5	84.6
TOTALS	161985	491001	491917	1144903	82.2	85.1

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	161985	20.6	386973	57.7
SklUnd22			19687	98.1
ICF/DD			84341	96.7
TOTALS	161985	20.6	491001	63.1

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

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

HEALTH SERVICE AREA 007
LTC PLANNING AREA 701

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	3103
B. Total Admissions 2005	8118
C. Total Discharges 2005	8049
D. Residents on December 31, 2005	3172

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	442	1090	27	39	825	12	2435
SklUnd22	0	55	0	1	0	0	56
ICF/DD		234	0	0	3	0	237
Shelter			1	2	431	10	444
TOTALS	442	1379	28	42	1259	22	3172

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	25	1	3	2	31
Indian	7	0	0	0	7
Black	20	15	12	2	49
Hawaiin or Pacific Islander	1	0	1	0	2
White	2377	40	221	440	3078
Unknown	5	0	0	0	5
Total	2435	56	237	444	3172
ETHNICITY					
Hispanic	21	10	3	1	35
Not Hispanic	2414	46	234	443	3137
Unknown	0	0	0	0	0
Total	2435	56	237	444	3172

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	214	182
Skilled Under 22	200	200
Intermediate DD	136	136
Shelter	124	121

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	8	10	0	0	0	1	0	0	0	0	8	11	19
18 to 44	0	0	80	51	0	0	1	2	0	0	0	0	81	53	134
45 to 59	2	4	72	86	1	1	6	5	5	8	0	0	86	104	190
60 to 64	1	7	15	25	0	0	6	1	2	3	0	0	24	36	60
65 to 74	29	51	42	97	3	1	4	1	30	56	0	0	108	206	314
75 to 84	62	123	75	296	0	12	3	6	99	278	3	4	242	719	961
85 _Over	39	124	75	447	1	9	2	4	125	653	4	11	246	1248	1494
TOTALS	133	309	367	1012	5	23	22	20	261	998	7	15	795	2377	3172

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	33.00
Physicians	0.50
Director of Nursing	23.00
Registered Nurses	356.86
LPN's	120.00
Certified Aides	1191.75
Other Health Staff	159.50
Non-Health Staff	1007.74
Totals	2892.35

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

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

HEALTH SERVICE AREA	007
LTC PLANNING AREA	Planning Area 7-B
State of Illinois	
TOTAL FACILITIES	50
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	49
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	37
SHELTERED CARE BEDS ONLY	3
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	8
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	17
FOR PROFIT OWNERSHIP	33

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	21
Chronic Alcoholism	27
Developmentally Disabled	33
Drug Addiction	34
Medicaid Recipient	12
Medicare Recipient	6
Mental Illness	29
Non-Ambulatory	3
Non-Mobile	4
Public Aid Recipient	11
Under 65 Years Old	7
Unable to Self-Medicate	1
Other Restrictions	3
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	148
Endocrine/Metabolic	542
Blood Disorders	65
*Nervous System	350
Alzheimer Disease	883
Mental Illness	966
Developmental Disability	182
Circulatory System	937
Respiratory System	461
Digestive System	160
Genitourinary System Disorders	150
Skin Disorders	80
Musculo-skeletal Disorders	517
Injuries and Poisonings	202
Other Medical Conditions	441
Non-Medical Conditions	219
TOTALS	6303

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	7219	6898	6168	6885	5735	4277	5922
Skilled Under 22	4	4	0	4	0		0
Intermediate DD	147	147	147	147	146		147
Sheltered Care	666	627	489	627	422		
TOTAL BEDS	8036	7676	6804	7663	6303	4277	6069

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	193	104	1	1	39	20	0	0	233	125	358
45 to 59	420	306	2	1	36	18	0	1	458	326	784
60 to 64	119	127	3	2	8	3	1	4	131	136	267
65 ro 74	251	357	7	27	12	6	13	7	283	397	680
75 to 84	479	1028	12	27	1	2	51	81	543	1138	1681
85 _Over	459	1774	25	9	1	0	66	199	551	1982	2533
TOTALS	1921	3696	50	67	97	49	131	292	2199	4104	6303

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	294572	1155832	627707	2078111	78.9	82.5
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		51981	0	51981	96.9	96.9
Shelter			162617	162617	66.9	71.1
TOTALS	294572	1207813	790324	2292709	78.2	81.8

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	294572	18.9	1155832	53.5
SklUnd22			0	0.0
ICF/DD			51981	96.9
TOTALS	294572	18.9	1207813	54.5

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

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

HEALTH SERVICE AREA 007
LTC PLANNING AREA 702

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	6268
B. Total Admissions 2005	17621
C. Total Discharges 2005	17586
D. Residents on December 31, 2005	6303

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	785	3165	75	83	1620	7	5735
SklUnd22	0	0	0	0	0	0	0
ICF/DD		146	0	0	0	0	146
Shelter			0	0	406	16	422
TOTALS	785	3311	75	83	2026	23	6303

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	255	0	5	4	264
Indian	5	0	1	0	6
Black	370	0	29	2	401
Hawaiin or Pacific Islander	4	0	1	0	5
White	5079	0	100	399	5578
Unknown	39	0	10	0	49
Total	5752	0	146	405	6303
ETHNICITY					
Hispanic	129	0	11	2	142
Not Hispanic	5274	0	135	362	5771
Unknown	332	0	0	58	390
Total	5735	0	146	422	6303

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	213	171
Skilled Under 22	125	125
Intermediate DD	151	175
Shelter	137	131

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	220	118	4	2	2	4	3	0	1	0	233	125	358
45 to 59	13	12	388	280	33	1	9	20	12	12	3	1	458	326	784
60 to 64	10	20	95	85	6	0	5	10	15	21	0	0	131	136	267
65 to 74	67	83	151	235	7	2	7	8	50	69	1	0	283	397	680
75 to 84	122	183	225	503	5	3	3	10	178	438	10	1	543	1138	1681
85 _Over	87	184	189	822	3	9	2	3	267	961	3	3	551	1982	2533
TOTALS	302	483	1268	2043	58	17	28	55	525	1501	18	5	2199	4104	6303

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	57.80
Physicians	3.10
Director of Nursing	50.00
Registered Nurses	687.51
LPN's	286.48
Certified Aides	2079.19
Other Health Staff	638.75
Non-Health Staff	1914.59
Totals	5717.42

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

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

HEALTH SERVICE AREA	007
LTC PLANNING AREA	Planning Area 7-C
State of Illinois	
TOTAL FACILITIES	45
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	44
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	31
SHELTERED CARE BEDS ONLY	2
DD CARE BEDS ONLY	4
MULTI-LICENSED FACILITIES	8
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	13
FOR PROFIT OWNERSHIP	31

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	32
Chronic Alcoholism	30
Developmentally Disabled	25
Drug Addiction	32
Medicaid Recipient	8
Medicare Recipient	2
Mental Illness	34
Non-Ambulatory	1
Non-Mobile	0
Public Aid Recipient	5
Under 65 Years Old	4
Unable to Self-Medicate	1
Other Restrictions	3
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	97
Endocrine/Metabolic	331
Blood Disorders	66
*Nervous System	396
Alzheimer Disease	668
Mental Illness	475
Developmental Disability	330
Circulatory System	866
Respiratory System	394
Digestive System	209
Genitourinary System Disorders	140
Skin Disorders	67
Musculo-skeletal Disorders	412
Injuries and Poisonings	331
Other Medical Conditions	616
Non-Medical Conditions	319
TOTALS	5717

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	5940	5733	5341	5639	4987	3297	4838
Skilled Under 22	181	175	175	175	167		181
Intermediate DD	148	148	148	148	136		148
Sheltered Care	559	550	460	550	427		
TOTAL BEDS	6828	6606	6124	6512	5717	3297	5167

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	35	21	0	0	0	0	35	21	56
18 to 44	106	61	53	49	29	27	0	0	188	137	325
45 to 59	220	209	5	4	36	33	0	1	261	247	508
60 to 64	75	154	0	0	3	3	0	4	78	161	239
65 ro 74	211	392	0	0	4	0	10	13	225	405	630
75 to 84	396	1018	0	0	1	0	40	92	437	1110	1547
85 _Over	364	1781	0	0	0	0	69	198	433	1979	2412
TOTALS	1372	3615	93	74	73	63	119	308	1657	4060	5717

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	284533	1053390	527640	1865563	86.0	89.2
SklUnd22	0	61146	1228	62374	94.4	97.7
ICF/DD		52871	365	53236	98.5	98.5
Shelter			137382	137382	67.3	68.4
TOTALS	284533	1167407	666615	2118555	85.0	87.9

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	284533	23.6	1053390	59.7
SklUnd22			61146	92.6
ICF/DD			52871	97.9
TOTALS	284533	23.6	1167407	61.9

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

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

HEALTH SERVICE AREA 007
LTC PLANNING AREA 703

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	5719
B. Total Admissions 2005	12322
C. Total Discharges 2005	12324
D. Residents on December 31, 2005	5717

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	693	2837	38	54	1365	0	4987
SklUnd22	0	165	0	0	2	0	167
ICF/DD		135	0	0	1	0	136
Shelter			0	2	425	0	427
TOTALS	693	3137	38	56	1793	0	5717

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	84	8	4	1	97
Indian	11	1	0	0	12
Black	169	53	18	4	244
Hawaiin or Pacific Islander	13	0	0	0	13
White	4627	105	113	421	5266
Unknown	83	0	1	1	85
Total	4987	167	136	427	5717
ETHNICITY					
Hispanic	109	21	3	3	136
Not Hispanic	4601	146	132	424	5303
Unknown	277	0	1	0	278
Total	4987	167	136	427	5717

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	228	298
Skilled Under 22	313	213
Intermediate DD	156	200
Shelter	145	128

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	34	21	0	0	0	0	1	0	0	0	35	21	56
18 to 44	3	0	175	136	2	0	4	1	4	0	0	0	188	137	325
45 to 59	8	6	224	223	6	1	9	6	14	11	0	0	261	247	508
60 to 64	7	17	57	104	1	1	4	1	9	38	0	0	78	161	239
65 to 74	57	94	115	212	2	3	6	5	45	91	0	0	225	405	630
75 to 84	87	168	201	526	1	8	2	13	146	395	0	0	437	1110	1547
85 _Over	63	183	150	959	1	12	3	2	216	823	0	0	433	1979	2412
TOTALS	225	468	956	2181	13	25	28	28	435	1358	0	0	1657	4060	5717

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	50.00
Physicians	0.00
Director of Nursing	42.00
Registered Nurses	569.17
LPN's	367.86
Certified Aides	1865.63
Other Health Staff	466.86
Non-Health Staff	1745.84
Totals	5107.36

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

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

HEALTH SERVICE AREA	007
LTC PLANNING AREA	Planning Area 7-D
State of Illinois	
TOTAL FACILITIES	21
HOSPITAL BASED UNITS	4
FREE STANDING FACILITIES	17
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	16
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	3
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	2
NON-PROFIT OWNERSHIP	8
FOR PROFIT OWNERSHIP	11

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	11
Chronic Alcoholism	8
Developmentally Disabled	10
Drug Addiction	12
Medicaid Recipient	3
Medicare Recipient	3
Mental Illness	11
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	3
Under 65 Years Old	3
Unable to Self-Medicate	1
Other Restrictions	1
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	57
Endocrine/Metabolic	216
Blood Disorders	51
*Nervous System	115
Alzheimer Disease	308
Mental Illness	291
Developmental Disability	117
Circulatory System	467
Respiratory System	231
Digestive System	90
Genitourinary System Disorders	59
Skin Disorders	43
Musculo-skeletal Disorders	174
Injuries and Poisonings	54
Other Medical Conditions	114
Non-Medical Conditions	0
TOTALS	2387

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	3088	2981	2532	2799	2217	1907	2742
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	98	98	98	97	97		98
Sheltered Care	96	91	86	91	73		
TOTAL BEDS	3282	3170	2716	2987	2387	1907	2840

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	132	59	0	0	12	14	0	0	144	73	217
45 to 59	167	106	0	0	32	25	0	0	199	131	330
60 to 64	72	63	0	0	3	5	0	0	75	68	143
65 ro 74	131	182	0	0	0	3	2	1	133	186	319
75 to 84	223	401	0	0	2	1	3	18	228	420	648
85 _Over	115	566	0	0	0	0	9	40	124	606	730
TOTALS	840	1377	0	0	49	48	14	59	903	1484	2387

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	117230	524070	194279	835579	74.1	76.8
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		35060	325	35385	98.9	98.9
Shelter			26486	26486	75.6	79.7
TOTALS	117230	559130	221090	897450	74.9	77.6

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	117230	16.8	524070	52.4
SklUnd22			0	0.0
ICF/DD			35060	98.0
TOTALS	117230	16.8	559130	53.9

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

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

HEALTH SERVICE AREA 007
LTC PLANNING AREA 704

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	2526
B. Total Admissions 2005	8948
C. Total Discharges 2005	9087
D. Residents on December 31, 2005	2387

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	283	1431	114	21	368	0	2217
SklUnd22	0	0	0	0	0	0	0
ICF/DD		96	0	0	1	0	97
Shelter			0	0	73	0	73
TOTALS	283	1527	114	21	442	0	2387

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	8	0	2	0	10
Indian	1	0	0	0	1
Black	655	0	17	0	672
Hawaiin or Pacific Islander	2	0	0	0	2
White	1429	0	78	67	1574
Unknown	122	0	0	6	128
Total	2217	0	97	73	2387
ETHNICITY					
Hispanic	142	0	6	0	148
Not Hispanic	1987	0	91	67	2145
Unknown	88	0	0	6	94
Total	2217	0	97	73	2387

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	258	225
Skilled Under 22	0	0
Intermediate DD	148	152
Shelter	129	120

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	86	40	56	30	0	1	1	1	0	0	144	73	217
45 to 59	2	5	177	116	14	7	2	2	4	1	0	0	199	131	330
60 to 64	3	10	68	47	0	1	1	3	3	7	0	0	75	68	143
65 to 74	19	25	99	139	0	0	1	4	14	18	0	0	133	186	319
75 to 84	37	61	149	248	1	0	2	3	39	108	0	0	228	420	648
85 _Over	35	84	56	302	2	3	1	1	30	216	0	0	124	606	730
TOTALS	97	186	635	892	73	41	7	14	91	351	0	0	903	1484	2387

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	81.00
Physicians	49.25
Director of Nursing	19.00
Registered Nurses	281.53
LPN's	176.25
Certified Aides	807.58
Other Health Staff	255.76
Non-Health Staff	735.77
Totals	2406.14

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

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

HEALTH SERVICE AREA	007
LTC PLANNING AREA	Planning Area 7-E
State of Illinois	
TOTAL FACILITIES	90
HOSPITAL BASED UNITS	3
FREE STANDING FACILITIES	87
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	55
SHELTERED CARE BEDS ONLY	7
DD CARE BEDS ONLY	24
MULTI-LICENSED FACILITIES	4
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	4
NON-PROFIT OWNERSHIP	32
FOR PROFIT OWNERSHIP	54

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	42
Chronic Alcoholism	54
Developmentally Disabled	39
Drug Addiction	60
Medicaid Recipient	12
Medicare Recipient	12
Mental Illness	31
Non-Ambulatory	8
Non-Mobile	13
Public Aid Recipient	22
Under 65 Years Old	3
Unable to Self-Medicate	4
Other Restrictions	21
No Restrictions	3

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	151
Endocrine/Metabolic	581
Blood Disorders	106
*Nervous System	440
Alzheimer Disease	815
Mental Illness	1649
Developmental Disability	1302
Circulatory System	1535
Respiratory System	484
Digestive System	216
Genitourinary System Disorders	224
Skin Disorders	113
Musculo-skeletal Disorders	483
Injuries and Poisonings	320
Other Medical Conditions	830
Non-Medical Conditions	479
TOTALS	9728

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	10170	9475	8471	9366	7922	6767	8821
Skilled Under 22	70	65	65	65	63		67
Intermediate DD	1350	1204	1203	1178	1159		1350
Sheltered Care	871	813	626	730	584		
TOTAL BEDS	12461	11557	10365	11339	9728	6767	10238

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	29	24	2	0	0	0	31	24	55
18 to 44	588	288	5	5	386	202	2	4	981	499	1480
45 to 59	889	550	0	0	253	193	14	9	1156	752	1908
60 to 64	320	275	0	0	29	28	1	4	350	307	657
65 ro 74	540	574	0	0	19	23	8	15	567	612	1179
75 to 84	534	1363	0	0	18	4	36	127	588	1494	2082
85 _Over	380	1627	0	0	0	2	62	296	442	1925	2367
TOTALS	3251	4677	34	29	707	452	123	455	4115	5613	9728

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	452006	1881638	537652	2871296	77.4	83.0
SklUnd22	0	21324	1134	22458	87.9	94.7
ICF/DD		413508	9664	423172	85.9	96.3
Shelter			198108	198108	62.3	66.8
TOTALS	452006	2316470	746558	3515034	77.3	83.3

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	452006	18.3	1881638	58.4
SklUnd22			21324	87.2
ICF/DD			413508	83.9
TOTALS	452006	18.3	2316470	62.0

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

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

HEALTH SERVICE AREA 007
LTC PLANNING AREA 705

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	9658
B. Total Admissions 2005	24190
C. Total Discharges 2005	24120
D. Residents on December 31, 2005	9728

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1234	5296	210	154	1019	9	7922
SklUnd22	0	61	0	0	2	0	63
ICF/DD		1149	0	9	0	1	1159
Shelter			24	1	551	8	584
TOTALS	1234	6506	234	164	1572	18	9728

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	36	0	4	0	40
Indian	6	0	1	0	7
Black	2997	50	327	40	3414
Hawaiin or Pacific Islander	7	1	0	0	8
White	4819	12	826	544	6201
Unknown	57	0	1	0	58
Total	7922	63	1159	584	9728
ETHNICITY					
Hispanic	214	6	51	3	274
Not Hispanic	7210	57	1107	581	8955
Unknown	498	0	1	0	499
Total	7922	63	1159	584	9728

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	178	161
Skilled Under 22	0	189
Intermediate DD	179	190
Shelter	116	92

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	31	24	0	0	0	0	0	0	0	0	31	24	55
18 to 44	23	16	901	436	42	26	2	11	13	9	0	1	981	499	1480
45 to 59	32	21	1036	667	37	22	16	22	35	19	0	1	1156	752	1908
60 to 64	27	29	291	236	7	15	9	10	16	17	0	0	350	307	657
65 to 74	112	118	384	392	23	11	12	21	36	70	0	0	567	612	1179
75 to 84	155	313	282	799	8	20	17	25	125	332	1	5	588	1494	2082
85 _Over	97	291	156	871	4	19	7	12	177	723	1	9	442	1925	2367
TOTALS	446	788	3081	3425	121	113	63	101	402	1170	2	16	4115	5613	9728

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	159.00
Physicians	90.90
Director of Nursing	77.35
Registered Nurses	908.03
LPN's	978.72
Certified Aides	3667.83
Other Health Staff	944.21
Non-Health Staff	3510.40
Totals	10336.44

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

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

HEALTH SERVICE AREA	008
LTC PLANNING AREA	Kane
State of Illinois	
TOTAL FACILITIES	35
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	34
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	20
SHELTERED CARE BEDS ONLY	5
DD CARE BEDS ONLY	7
MULTI-LICENSED FACILITIES	3
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	16
FOR PROFIT OWNERSHIP	18

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	19
Chronic Alcoholism	20
Developmentally Disabled	12
Drug Addiction	24
Medicaid Recipient	5
Medicare Recipient	5
Mental Illness	16
Non-Ambulatory	3
Non-Mobile	4
Public Aid Recipient	6
Under 65 Years Old	1
Unable to Self-Medicate	1
Other Restrictions	5
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	61
Endocrine/Metabolic	162
Blood Disorders	27
*Nervous System	131
Alzheimer Disease	325
Mental Illness	661
Developmental Disability	152
Circulatory System	350
Respiratory System	148
Digestive System	88
Genitourinary System Disorders	55
Skin Disorders	21
Musculo-skeletal Disorders	215
Injuries and Poisonings	91
Other Medical Conditions	86
Non-Medical Conditions	216
TOTALS	2789

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	2931	2873	2631	2873	2394	1482	1905
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	141	141	141	141	139		141
Sheltered Care	496	374	279	308	256		
TOTAL BEDS	3568	3388	3051	3322	2789	1482	2046

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	230	84	0	0	41	63	0	0	271	147	418
45 to 59	189	149	0	0	14	15	2	0	205	164	369
60 to 64	75	67	0	0	1	3	2	4	78	74	152
65 ro 74	113	167	0	0	1	1	10	24	124	192	316
75 to 84	154	395	0	0	0	0	24	63	178	458	636
85 _Over	128	643	0	0	0	0	24	103	152	746	898
TOTALS	889	1505	0	0	57	82	62	194	1008	1781	2789

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	92982	448002	347083	888067	83.0	84.7
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		49369	1095	50464	98.1	98.1
Shelter			96927	96927	53.5	71.0
TOTALS	92982	497371	445105	1035458	79.5	83.7

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	92982	17.2	448002	64.4
SklUnd22			0	0.0
ICF/DD			49369	95.9
TOTALS	92982	17.2	497371	66.6

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

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

HEALTH SERVICE AREA 008
LTC PLANNING AREA 089

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	2806
B. Total Admissions 2005	4919
C. Total Discharges 2005	4936
D. Residents on December 31, 2005	2789

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	262	1187	367	25	550	3	2394
SklUnd22	0	0	0	0	0	0	0
ICF/DD		136	0	0	3	0	139
Shelter			0	1	252	3	256
TOTALS	262	1323	367	26	805	6	2789

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	25	0	6	2	33
Indian	3	0	1	0	4
Black	294	0	12	0	306
Hawaiin or Pacific Islander	0	0	0	0	0
White	1997	0	118	253	2368
Unknown	75	0	2	1	78
Total	2394	0	139	256	2789
ETHNICITY					
Hispanic	86	0	7	2	95
Not Hispanic	1934	0	132	218	2284
Unknown	374	0	0	36	410
Total	2394	0	139	256	2789

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	179	162
Skilled Under 22	0	0
Intermediate DD	190	196
Shelter	112	112

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	3	111	98	155	44	0	0	3	2	0	0	271	147	418
45 to 59	5	9	95	111	93	33	2	3	10	8	0	0	205	164	369
60 to 64	5	8	52	43	16	7	1	5	4	11	0	0	78	74	152
65 to 74	16	31	74	112	10	4	2	1	22	43	0	1	124	192	316
75 to 84	33	67	77	202	4	0	3	4	59	184	2	1	178	458	636
85 _Over	18	65	50	298	0	1	1	4	83	376	0	2	152	746	898
TOTALS	79	183	459	864	278	89	9	17	181	624	2	4	1008	1781	2789

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	72.10
Physicians	28.45
Director of Nursing	32.00
Registered Nurses	377.05
LPN's	137.00
Certified Aides	810.86
Other Health Staff	528.55
Non-Health Staff	1018.43
Totals	3004.44

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

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

HEALTH SERVICE AREA	008
LTC PLANNING AREA	Lake
State of Illinois	
TOTAL FACILITIES	40
HOSPITAL BASED UNITS	2
FREE STANDING FACILITIES	38
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	27
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	10
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	2
NON-PROFIT OWNERSHIP	14
FOR PROFIT OWNERSHIP	24

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	21
Chronic Alcoholism	15
Developmentally Disabled	21
Drug Addiction	18
Medicaid Recipient	5
Medicare Recipient	3
Mental Illness	16
Non-Ambulatory	5
Non-Mobile	5
Public Aid Recipient	5
Under 65 Years Old	1
Unable to Self-Medicate	1
Other Restrictions	5
No Restrictions	3

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	63
Endocrine/Metabolic	283
Blood Disorders	31
*Nervous System	247
Alzheimer Disease	505
Mental Illness	734
Developmental Disability	573
Circulatory System	647
Respiratory System	222
Digestive System	81
Genitourinary System Disorders	111
Skin Disorders	62
Musculo-skeletal Disorders	196
Injuries and Poisonings	117
Other Medical Conditions	240
Non-Medical Conditions	43
TOTALS	4155

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	4740	4373	3841	4457	3520	2509	3589
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	809	590	550	548	543		808
Sheltered Care	237	201	94	201	92		
TOTAL BEDS	5786	5164	4485	5206	4155	2509	4397

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	105	74	0	0	117	102	0	0	222	176	398
45 to 59	268	224	0	0	109	112	0	1	377	337	714
60 to 64	99	101	0	0	14	30	0	2	113	133	246
65 ro 74	171	257	0	0	14	24	2	11	187	292	479
75 to 84	282	651	0	0	2	17	9	20	293	688	981
85 _Over	271	1017	0	0	0	2	14	33	285	1052	1337
TOTALS	1196	2324	0	0	256	287	25	67	1477	2678	4155

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	170128	773697	322673	1266498	73.2	79.3
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		195639	2547	198186	67.1	92.0
Shelter			33513	33513	38.7	45.7
TOTALS	170128	969336	358733	1498197	70.9	79.5

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	170128	18.6	773697	59.1
SklUnd22			0	0.0
ICF/DD			195639	66.3
TOTALS	170128	18.6	969336	60.4

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

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

HEALTH SERVICE AREA 008
LTC PLANNING AREA 097

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	4225
B. Total Admissions 2005	8911
C. Total Discharges 2005	8981
D. Residents on December 31, 2005	4155

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	503	2140	61	42	769	5	3520
SklUnd22	0	0	0	0	0	0	0
ICF/DD		536	0	0	6	1	543
Shelter			0	0	90	2	92
TOTALS	503	2676	61	42	865	8	4155

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	36	0	5	1	42
Indian	5	0	1	0	6
Black	272	0	46	0	318
Hawaiin or Pacific Islander	5	0	3	0	8
White	3144	0	481	91	3716
Unknown	58	0	7	0	65
Total	3520	0	543	92	4155
ETHNICITY					
Hispanic	93	0	25	0	118
Not Hispanic	3416	0	518	92	4026
Unknown	11	0	0	0	11
Total	3520	0	543	92	4155

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	209	157
Skilled Under 22	0	0
Intermediate DD	143	175
Shelter	124	106

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	215	168	0	2	2	1	2	5	1	0	222	176	398
45 to 59	9	6	340	301	12	6	5	9	11	13	0	2	377	337	714
60 to 64	9	3	86	104	5	9	1	5	11	12	1	0	113	133	246
65 to 74	40	55	120	174	6	3	3	3	17	57	1	0	187	292	479
75 to 84	60	123	154	354	1	7	5	2	65	193	8	9	293	688	981
85 _Over	62	134	100	560	1	9	3	3	111	315	8	31	285	1052	1337
TOTALS	182	321	1015	1661	25	36	19	23	217	595	19	42	1477	2678	4155

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	53.00
Physicians	5.57
Director of Nursing	38.00
Registered Nurses	460.45
LPN's	197.13
Certified Aides	1575.91
Other Health Staff	200.89
Non-Health Staff	1441.47
Totals	3972.42

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

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

HEALTH SERVICE AREA	008
LTC PLANNING AREA	McHenry
State of Illinois	
TOTAL FACILITIES	11
HOSPITAL BASED UNITS	2
FREE STANDING FACILITIES	9
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	9
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	2
NON-PROFIT OWNERSHIP	4
FOR PROFIT OWNERSHIP	5

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	8
Chronic Alcoholism	6
Developmentally Disabled	7
Drug Addiction	7
Medicaid Recipient	4
Medicare Recipient	2
Mental Illness	5
Non-Ambulatory	1
Non-Mobile	2
Public Aid Recipient	4
Under 65 Years Old	1
Unable to Self-Medicate	2
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	23
Endocrine/Metabolic	54
Blood Disorders	14
*Nervous System	55
Alzheimer Disease	112
Mental Illness	36
Developmental Disability	96
Circulatory System	188
Respiratory System	65
Digestive System	36
Genitourinary System Disorders	30
Skin Disorders	8
Musculo-skeletal Disorders	78
Injuries and Poisonings	25
Other Medical Conditions	63
Non-Medical Conditions	0
TOTALS	883

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1014	953	791	953	743	525	706
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	96	96	94	96	91		94
Sheltered Care	63	49	49	49	49		
TOTAL BEDS	1173	1098	934	1098	883	525	800

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	13	14	0	0	14	15	29
45 to 59	14	15	0	0	26	16	0	1	40	32	72
60 to 64	7	17	0	0	1	4	0	0	8	21	29
65 ro 74	32	40	0	0	4	6	0	0	36	46	82
75 to 84	80	154	0	0	4	2	1	12	85	168	253
85 _Over	67	315	0	0	0	1	6	29	73	345	418
TOTALS	201	542	0	0	48	43	7	42	256	627	883

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	38787	135066	94803	268656	72.6	77.2
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		33529	365	33894	96.7	96.7
Shelter			16445	16445	71.5	91.9
TOTALS	38787	168595	111613	318995	74.5	79.6

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	38787	20.2	135066	52.4
SklUnd22			0	0.0
ICF/DD			33529	97.7
TOTALS	38787	20.2	168595	57.7

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

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

HEALTH SERVICE AREA 008
LTC PLANNING AREA 111

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	877
B. Total Admissions 2005	2449
C. Total Discharges 2005	2443
D. Residents on December 31, 2005	883

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	108	380	9	11	235	0	743
SklUnd22	0	0	0	0	0	0	0
ICF/DD		90	0	0	1	0	91
Shelter			3	0	46	0	49
TOTALS	108	470	12	11	282	0	883

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	1	0	2
Indian	0	0	0	0	0
Black	2	0	8	0	10
Hawaiin or Pacific Islander	2	0	0	0	2
White	738	0	82	49	869
Unknown	0	0	0	0	0
Total	743	0	91	49	883
ETHNICITY					
Hispanic	5	0	3	0	8
Not Hispanic	738	0	88	49	875
Unknown	0	0	0	0	0
Total	743	0	91	49	883

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	224	188
Skilled Under 22	0	0
Intermediate DD	118	118
Shelter	102	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	14	15	0	0	0	0	0	0	0	0	14	15	29
45 to 59	2	0	37	26	0	1	0	4	1	1	0	0	40	32	72
60 to 64	2	1	4	18	0	0	1	1	1	1	0	0	8	21	29
65 to 74	12	9	15	32	1	0	0	1	8	4	0	0	36	46	82
75 to 84	22	24	36	87	0	4	1	1	26	52	0	0	85	168	253
85 _Over	12	24	32	154	1	5	0	2	28	160	0	0	73	345	418
TOTALS	50	58	138	332	2	10	2	9	64	218	0	0	256	627	883

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	11.00
Physicians	0.00
Director of Nursing	11.00
Registered Nurses	99.89
LPN's	42.00
Certified Aides	260.52
Other Health Staff	42.30
Non-Health Staff	258.63
Totals	725.34

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

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

HEALTH SERVICE AREA	009
LTC PLANNING AREA	Grundy
State of Illinois	
TOTAL FACILITIES	2
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	2
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	1
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	2
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
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	24
Blood Disorders	5
*Nervous System	4
Alzheimer Disease	29
Mental Illness	12
Developmental Disability	0
Circulatory System	70
Respiratory System	18
Digestive System	13
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	12
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	240

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	241	241	239	241	217	35	241
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0		0
Sheltered Care	24	24	24	24	23		
TOTAL BEDS	265	265	263	265	240	35	241

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	0	0	0	0	1	5	6
65 ro 74	7	18	0	0	0	0	0	3	7	21	28
75 to 84	17	33	0	0	0	0	1	7	18	40	58
85 _Over	23	108	0	0	0	0	4	8	27	116	143
TOTALS	49	168	0	0	0	0	5	18	54	186	240

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	8139	40816	23823	72778	82.7	82.7
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			8393	8393	95.8	95.8
TOTALS	8139	40816	32216	81171	83.9	83.9

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	8139	63.7	40816	46.4
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	8139	63.7	40816	46.4

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

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

HEALTH SERVICE AREA 009
LTC PLANNING AREA 063

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	214
B. Total Admissions 2005	340
C. Total Discharges 2005	314
D. Residents on December 31, 2005	240

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	106	0	1	76	0	217
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	23	0	23
TOTALS	34	106	0	1	99	0	240

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiin or Pacific Islander	0	0	0	1	1
White	216	0	0	22	238
Unknown	0	0	0	0	0
Total	217	0	0	23	240
ETHNICITY					
Hispanic	1	0	0	0	1
Not Hispanic	216	0	0	23	239
Unknown	0	0	0	0	0
Total	217	0	0	23	240

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	138
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	94	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	3	0	0	0	1	1	0	0	0	1	4	5
60 to 64	0	0	1	5	0	0	0	0	0	0	0	0	1	5	6
65 to 74	3	6	4	11	0	0	0	0	0	4	0	0	7	21	28
75 to 84	4	7	5	22	0	0	0	0	9	11	0	0	18	40	58
85 _Over	3	11	13	42	0	0	0	0	11	63	0	0	27	116	143
TOTALS	10	24	23	83	0	0	0	1	21	78	0	0	54	186	240

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	17.00
LPN's	15.00
Certified Aides	92.00
Other Health Staff	9.00
Non-Health Staff	67.00
Totals	204.00

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

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

HEALTH SERVICE AREA	009
LTC PLANNING AREA	Kankakee
State of Illinois	
TOTAL FACILITIES	24
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	23
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	9
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	13
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	2
NON-PROFIT OWNERSHIP	17
FOR PROFIT OWNERSHIP	5

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	22
Chronic Alcoholism	20
Developmentally Disabled	6
Drug Addiction	20
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	8
Non-Ambulatory	1
Non-Mobile	13
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	10
Other Restrictions	5
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	20
Endocrine/Metabolic	107
Blood Disorders	4
*Nervous System	64
Alzheimer Disease	180
Mental Illness	388
Developmental Disability	743
Circulatory System	194
Respiratory System	56
Digestive System	18
Genitourinary System Disorders	19
Skin Disorders	2
Musculo-skeletal Disorders	79
Injuries and Poisonings	12
Other Medical Conditions	38
Non-Medical Conditions	2
TOTALS	1926

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1347	1345	1279	1329	1161	576	770
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	928	773	773	749	741		928
Sheltered Care	127	84	46	84	24		
TOTAL BEDS	2402	2202	2098	2162	1926	576	1698

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	62	44	0	0	143	58	1	0	206	102	308
45 to 59	142	73	0	0	239	125	1	0	382	198	580
60 to 64	26	25	0	0	51	27	0	0	77	52	129
65 ro 74	63	53	0	0	31	30	0	1	94	84	178
75 to 84	171	138	0	0	19	11	0	6	190	155	345
85 _Over	131	233	0	0	3	4	6	9	140	246	386
TOTALS	595	566	0	0	486	255	8	16	1089	837	1926

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	34026	228807	162831	425664	86.6	86.7
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		274621	730	275351	81.3	97.6
Shelter			10630	10630	22.9	34.7
TOTALS	34026	503428	174191	711645	81.2	88.5

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	34026	16.2	228807	81.4
SklUnd22			0	0.0
ICF/DD			274621	81.1
TOTALS	34026	16.2	503428	81.2

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

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

HEALTH SERVICE AREA 009
LTC PLANNING AREA 091

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	1994
B. Total Admissions 2005	1763
C. Total Discharges 2005	1831
D. Residents on December 31, 2005	1926

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	83	641	2	6	429	0	1161
SklUnd22	0	0	0	0	0	0	0
ICF/DD		739	0	0	2	0	741
Shelter			0	0	24	0	24
TOTALS	83	1380	2	6	455	0	1926

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	3	0	5
Indian	1	0	0	0	1
Black	173	0	143	0	316
Hawaiin or Pacific Islander	0	0	0	0	0
White	879	0	570	24	1473
Unknown	106	0	25	0	131
Total	1161	0	741	24	1926
ETHNICITY					
Hispanic	3	0	29	0	32
Not Hispanic	480	0	712	24	1216
Unknown	678	0	0	0	678
Total	1161	0	741	24	1926

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	129	120
Skilled Under 22	0	0
Intermediate DD	160	170
Shelter	61	33

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	205	102	0	0	0	0	1	0	0	0	206	102	308
45 to 59	1	2	358	191	2	0	1	1	20	4	0	0	382	198	580
60 to 64	1	0	66	48	0	0	0	1	10	3	0	0	77	52	129
65 to 74	9	5	59	67	0	0	0	1	26	11	0	0	94	84	178
75 to 84	10	24	48	96	0	0	0	0	132	35	0	0	190	155	345
85 _Over	10	21	19	121	0	0	0	2	111	102	0	0	140	246	386
TOTALS	31	52	755	625	2	0	1	5	300	155	0	0	1089	837	1926

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	73.00
Physicians	12.50
Director of Nursing	11.00
Registered Nurses	144.70
LPN's	140.38
Certified Aides	1230.46
Other Health Staff	119.70
Non-Health Staff	640.21
Totals	2371.95

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

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

HEALTH SERVICE AREA	009
LTC PLANNING AREA	Kendall
State of Illinois	
TOTAL FACILITIES	2
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	2
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	2
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	2
Chronic Alcoholism	1
Developmentally Disabled	2
Drug Addiction	2
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	2
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	2
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	11
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System	13
Alzheimer Disease	15
Mental Illness	6
Developmental Disability	0
Circulatory System	46
Respiratory System	9
Digestive System	7
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	9
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	142

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	178	154	153	154	142	82	48
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	178	154	153	154	142	82	48

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	1	0	0	0	0	0	0	0	1	1
65 ro 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	20	30	0	0	0	0	0	0	20	30	50
85 _Over	15	61	0	0	0	0	0	0	15	61	76
TOTALS	41	101	0	0	0	0	0	0	41	101	142

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	7858	10402	32332	50592	77.9	90.0
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			0	0	0.0	0.0
TOTALS	7858	10402	32332	50592	77.9	90.0

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	7858	26.3	10402	59.4
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	7858	26.3	10402	59.4

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

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

HEALTH SERVICE AREA 009
LTC PLANNING AREA 093

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	137
B. Total Admissions 2005	299
C. Total Discharges 2005	294
D. Residents on December 31, 2005	142

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	27	0	0	100	0	142
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	0	0	0
TOTALS	15	27	0	0	100	0	142

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiin or Pacific Islander	0	0	0	0	0
White	142	0	0	0	142
Unknown	0	0	0	0	0
Total	142	0	0	0	142
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	142	0	0	0	142
Unknown	0	0	0	0	0
Total	142	0	0	0	142

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	204	156
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	1	0	0	0	0	0	0	0	0	0	1	1
65 to 74	0	2	3	2	0	0	0	0	2	5	0	0	5	9	14
75 to 84	5	3	3	6	0	0	0	0	12	21	0	0	20	30	50
85 _Over	1	4	2	10	0	0	0	0	12	47	0	0	15	61	76
TOTALS	6	9	8	19	0	0	0	0	27	73	0	0	41	101	142

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	17.00
LPN's	4.00
Certified Aides	58.00
Other Health Staff	3.00
Non-Health Staff	47.00
Totals	133.00

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

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

HEALTH SERVICE AREA	009
LTC PLANNING AREA	Will
State of Illinois	
TOTAL FACILITIES	28
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	28
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	14
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	12
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	13
FOR PROFIT OWNERSHIP	14

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	13
Chronic Alcoholism	15
Developmentally Disabled	11
Drug Addiction	22
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	9
Non-Ambulatory	1
Non-Mobile	8
Public Aid Recipient	2
Under 65 Years Old	1
Unable to Self-Medicate	0
Other Restrictions	3
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	43
Endocrine/Metabolic	172
Blood Disorders	13
*Nervous System	133
Alzheimer Disease	186
Mental Illness	314
Developmental Disability	150
Circulatory System	482
Respiratory System	199
Digestive System	76
Genitourinary System Disorders	72
Skin Disorders	41
Musculo-skeletal Disorders	156
Injuries and Poisonings	61
Other Medical Conditions	136
Non-Medical Conditions	28
TOTALS	2262

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	2541	2455	2173	2466	2076	1456	2256
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	144	144	142	144	141		144
Sheltered Care	52	52	45	52	45		
TOTAL BEDS	2737	2651	2360	2662	2262	1456	2400

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	68	28	0	0	44	21	0	0	112	49	161
45 to 59	167	112	0	0	33	27	0	0	200	139	339
60 to 64	67	60	0	0	5	5	0	0	72	65	137
65 ro 74	133	135	0	0	2	3	0	4	135	142	277
75 to 84	154	407	0	0	0	1	4	8	158	416	574
85 _Over	124	621	0	0	0	0	4	25	128	646	774
TOTALS	713	1363	0	0	84	57	8	37	805	1457	2262

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	92765	475445	165757	733967	79.1	81.9
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		50013	838	50851	96.7	96.7
Shelter			14311	14311	75.4	75.4
TOTALS	92765	525458	180906	799129	80.0	82.6

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	92765	17.5	475445	57.7
SklUnd22			0	0.0
ICF/DD			50013	95.2
TOTALS	92765	17.5	525458	60.0

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

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

HEALTH SERVICE AREA 009
LTC PLANNING AREA 197

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	2243
B. Total Admissions 2005	2822
C. Total Discharges 2005	2803
D. Residents on December 31, 2005	2262

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	242	1319	15	17	483	0	2076
SklUnd22	0	0	0	0	0	0	0
ICF/DD		141	0	0	0	0	141
Shelter			0	0	45	0	45
TOTALS	242	1460	15	17	528	0	2262

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	9	0	0	0	9
Indian	7	0	1	0	8
Black	340	0	27	0	367
Hawaiin or Pacific Islander	2	0	0	0	2
White	1707	0	110	45	1862
Unknown	11	0	3	0	14
Total	2076	0	141	45	2262
ETHNICITY					
Hispanic	57	0	5	1	63
Not Hispanic	2019	0	136	44	2199
Unknown	0	0	0	0	0
Total	2076	0	141	45	2262

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	161
Skilled Under 22	0	0
Intermediate DD	166	178
Shelter	87	95

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	111	49	0	0	0	0	1	0	0	0	112	49	161
45 to 59	4	4	177	125	3	0	4	1	12	9	0	0	200	139	339
60 to 64	4	4	62	51	1	0	2	2	3	8	0	0	72	65	137
65 to 74	22	20	98	97	0	2	1	3	14	20	0	0	135	142	277
75 to 84	33	67	79	242	0	4	2	2	44	101	0	0	158	416	574
85 _Over	29	55	56	313	1	4	0	0	42	274	0	0	128	646	774
TOTALS	92	150	583	877	5	10	9	8	116	412	0	0	805	1457	2262

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	30.25
Physicians	0.00
Director of Nursing	17.00
Registered Nurses	143.52
LPN's	192.76
Certified Aides	713.05
Other Health Staff	134.43
Non-Health Staff	755.17
Totals	1986.18

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

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

HEALTH SERVICE AREA	010
LTC PLANNING AREA	Henry
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	4
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	2
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	2
Chronic Alcoholism	1
Developmentally Disabled	2
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	2
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	1
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	2

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	33
Blood Disorders	2
*Nervous System	31
Alzheimer Disease	53
Mental Illness	57
Developmental Disability	7
Circulatory System	99
Respiratory System	22
Digestive System	5
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	49
Injuries and Poisonings	6
Other Medical Conditions	21
Non-Medical Conditions	5
TOTALS	405

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	519	593	447	519	405	430	540
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	519	593	447	519	405	430	540

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	14	11	0	0	0	0	0	0	14	11	25
45 to 59	15	18	0	0	0	0	0	0	15	18	33
60 to 64	13	10	0	0	0	0	0	0	13	10	23
65 ro 74	18	30	0	0	0	0	0	0	18	30	48
75 to 84	25	66	0	0	0	0	0	0	25	66	91
85 _Over	42	143	0	0	0	0	0	0	42	143	185
TOTALS	127	278	0	0	0	0	0	0	127	278	405

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	10855	81057	53664	145576	76.8	67.3
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			0	0	0.0	0.0
TOTALS	10855	81057	53664	145576	76.8	67.3

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	10855	6.9	81057	41.1
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	10855	6.9	81057	41.1

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

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

HEALTH SERVICE AREA 010
LTC PLANNING AREA 073

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	399
B. Total Admissions 2005	600
C. Total Discharges 2005	594
D. Residents on December 31, 2005	405

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	237	1	0	144	0	405
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	0	0	0
TOTALS	23	237	1	0	144	0	405

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Indian	1	0	0	0	1
Black	5	0	0	0	5
Hawaiin or Pacific Islander	1	0	0	0	1
White	258	0	0	0	258
Unknown	139	0	0	0	139
Total	405	0	0	0	405
ETHNICITY					
Hispanic	3	0	0	0	3
Not Hispanic	261	0	0	0	261
Unknown	141	0	0	0	141
Total	405	0	0	0	405

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	129	91
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	13	11	1	0	0	0	0	0	0	0	14	11	25
45 to 59	1	0	13	18	0	0	0	0	1	0	0	0	15	18	33
60 to 64	0	0	13	9	0	0	0	0	0	1	0	0	13	10	23
65 to 74	0	3	14	22	0	0	0	0	4	5	0	0	18	30	48
75 to 84	5	4	16	30	0	0	0	0	4	32	0	0	25	66	91
85 _Over	1	9	20	58	0	0	0	0	21	76	0	0	42	143	185
TOTALS	7	16	89	148	1	0	0	0	30	114	0	0	127	278	405

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.00
Physicians	0.00
Director of Nursing	5.00
Registered Nurses	28.54
LPN's	41.32
Certified Aides	161.91
Other Health Staff	15.20
Non-Health Staff	115.34
Totals	372.31

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

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

HEALTH SERVICE AREA	010
LTC PLANNING AREA	Mercer
State of Illinois	
TOTAL FACILITIES	3
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	2
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	2
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	1

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	2
Chronic Alcoholism	2
Developmentally Disabled	1
Drug Addiction	2
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	2
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	1
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System	6
Alzheimer Disease	28
Mental Illness	7
Developmental Disability	0
Circulatory System	36
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	9
Other Medical Conditions	40
Non-Medical Conditions	0
TOTALS	160

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	189	189	168	168	160	80	175
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	189	189	168	168	160	80	175

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	1	0	0	0	0	0	0	2	1	3
65 ro 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	12	33	0	0	0	0	0	0	12	33	45
85 _Over	19	83	0	0	0	0	0	0	19	83	102
TOTALS	38	122	0	0	0	0	0	0	38	122	160

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	695	26967	23551	51213	74.2	74.2
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			0	0	0.0	0.0
TOTALS	695	26967	23551	51213	74.2	74.2

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	695	2.4	26967	42.2
SklUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	695	2.4	26967	42.2

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

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

HEALTH SERVICE AREA 010
LTC PLANNING AREA 131

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	164
B. Total Admissions 2005	107
C. Total Discharges 2005	111
D. Residents on December 31, 2005	160

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	86	0	0	71	0	160
SklUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	0	0	0
TOTALS	3	86	0	0	71	0	160

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiin or Pacific Islander	0	0	0	0	0
White	160	0	0	0	160
Unknown	0	0	0	0	0
Total	160	0	0	0	160
ETHNICITY					
Hispanic	1	0	0	0	1
Not Hispanic	159	0	0	0	159
Unknown	0	0	0	0	0
Total	160	0	0	0	160

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	124	106
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	1	2	0	0	0	0	0	0	0	0	1	2	3
60 to 64	0	0	2	1	0	0	0	0	0	0	0	0	2	1	3
65 to 74	0	0	3	2	0	0	0	0	1	1	0	0	4	3	7
75 to 84	0	0	9	18	0	0	0	0	3	15	0	0	12	33	45
85 _Over	1	2	7	41	0	0	0	0	11	40	0	0	19	83	102
TOTALS	1	2	22	64	0	0	0	0	15	56	0	0	38	122	160

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	8.50
LPN's	16.50
Certified Aides	57.50
Other Health Staff	7.00
Non-Health Staff	35.00
Totals	130.50

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

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

HEALTH SERVICE AREA	010
LTC PLANNING AREA	Rock Island
State of Illinois	
TOTAL FACILITIES	17
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	16
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	9
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	5
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	8
FOR PROFIT OWNERSHIP	8

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	9
Chronic Alcoholism	8
Developmentally Disabled	4
Drug Addiction	8
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	6
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	1
Other Restrictions	1
No Restrictions	5

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	28
Endocrine/Metabolic	62
Blood Disorders	11
*Nervous System	53
Alzheimer Disease	162
Mental Illness	61
Developmental Disability	114
Circulatory System	265
Respiratory System	80
Digestive System	30
Genitourinary System Disorders	35
Skin Disorders	4
Musculo-skeletal Disorders	90
Injuries and Poisonings	85
Other Medical Conditions	91
Non-Medical Conditions	25
TOTALS	1196

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1288	1223	1116	1205	1005	592	977
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	120	112	112	104	102		120
Sheltered Care	102	102	100	102	89		
TOTAL BEDS	1510	1437	1328	1411	1196	592	1097

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	24	21	0	0	32	31	63
45 to 59	23	26	0	0	22	15	3	3	48	44	92
60 to 64	16	27	0	0	6	8	0	0	22	35	57
65 ro 74	57	84	0	0	1	3	3	2	61	89	150
75 to 84	101	183	0	0	2	0	10	12	113	195	308
85 _Over	98	372	0	0	0	0	11	45	109	417	526
TOTALS	303	702	0	0	55	47	27	62	385	811	1196

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	55499	196643	129410	381552	81.2	85.5
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		37713	0	37713	86.1	92.3
Shelter			28168	28168	75.7	75.7
TOTALS	55499	234356	157578	447433	81.2	85.3

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	55499	25.7	196643	55.1
SklUnd22			0	0.0
ICF/DD			37713	86.1
TOTALS	55499	25.7	234356	58.5

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

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

HEALTH SERVICE AREA 010
LTC PLANNING AREA 161

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	1216
B. Total Admissions 2005	3080
C. Total Discharges 2005	3100
D. Residents on December 31, 2005	1196

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	163	528	10	5	298	1	1005
SklUnd22	0	0	0	0	0	0	0
ICF/DD		102	0	0	0	0	102
Shelter			16	0	73	0	89
TOTALS	163	630	26	5	371	1	1196

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	6	0	1	0	7
Indian	0	0	1	0	1
Black	70	0	7	2	79
Hawaiin or Pacific Islander	0	0	0	0	0
White	916	0	93	87	1096
Unknown	13	0	0	0	13
Total	1005	0	102	89	1196
ETHNICITY					
Hispanic	21	0	3	1	25
Not Hispanic	983	0	99	88	1170
Unknown	1	0	0	0	1
Total	1005	0	102	89	1196

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	197	139
Skilled Under 22	0	0
Intermediate DD	118	125
Shelter	129	108

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	31	30	0	0	0	0	0	1	1	0	32	31	63
45 to 59	5	2	39	36	2	3	0	1	2	2	0	0	48	44	92
60 to 64	3	2	17	30	0	1	0	0	2	2	0	0	22	35	57
65 to 74	9	17	41	57	5	3	0	1	6	11	0	0	61	89	150
75 to 84	21	29	51	92	5	5	1	1	35	68	0	0	113	195	308
85 _Over	13	62	38	168	0	2	1	0	57	185	0	0	109	417	526
TOTALS	51	112	217	413	12	14	2	3	102	269	1	0	385	811	1196

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	18.00
Physicians	0.00
Director of Nursing	17.00
Registered Nurses	62.80
LPN's	163.39
Certified Aides	394.00
Other Health Staff	139.22
Non-Health Staff	408.00
Totals	1202.41

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

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

HEALTH SERVICE AREA	011
LTC PLANNING AREA	Clinton
State of Illinois	
TOTAL FACILITIES	12
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	12
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	7
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	9

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	5
Chronic Alcoholism	5
Developmentally Disabled	2
Drug Addiction	5
Medicaid Recipient	0
Medicare Recipient	2
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Other Restrictions	0
No Restrictions	4

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	40
Blood Disorders	3
*Nervous System	32
Alzheimer Disease	60
Mental Illness	10
Developmental Disability	467
Circulatory System	66
Respiratory System	24
Digestive System	8
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	41
Injuries and Poisonings	12
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	778

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	410	396	333	396	317	89	412
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	502	471	469	471	461		452
Sheltered Care	0	0	0	0	0		
TOTAL BEDS	912	867	802	867	778	89	864

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	4	0	0	0	4	0	4
18 to 44	1	2	0	0	138	85	0	0	139	87	226
45 to 59	7	2	0	0	100	89	0	0	107	91	198
60 to 64	8	4	0	0	11	11	0	0	19	15	34
65 ro 74	16	20	0	0	6	10	0	0	22	30	52
75 to 84	34	61	0	0	3	3	0	0	37	64	101
85 _Over	36	126	0	0	0	1	0	0	36	127	163
TOTALS	102	215	0	0	262	199	0	0	364	414	778

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	12374	63613	37832	113819	76.1	78.7
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		169465	0	169465	92.5	98.6
Shelter			0	0	0.0	0.0
TOTALS	12374	233078	37832	283284	85.1	89.5

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	12374	38.1	63613	42.3
SklUnd22			0	0.0
ICF/DD			169465	102.7
TOTALS	12374	38.1	233078	73.9

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

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

HEALTH SERVICE AREA 011
LTC PLANNING AREA 027

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	787
B. Total Admissions 2005	463
C. Total Discharges 2005	472
D. Residents on December 31, 2005	778

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	32	181	0	1	103	0	317
SklUnd22	0	0	0	0	0	0	0
ICF/DD		460	0	0	1	0	461
Shelter			0	0	0	0	0
TOTALS	32	641	0	1	104	0	778

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Indian	0	0	0	0	0
Black	1	0	60	0	61
Hawaiin or Pacific Islander	0	0	0	0	0
White	316	0	400	0	716
Unknown	0	0	0	0	0
Total	317	0	461	0	778
ETHNICITY					
Hispanic	0	0	3	0	3
Not Hispanic	287	0	411	0	698
Unknown	30	0	47	0	77
Total	317	0	461	0	778

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	107
Skilled Under 22	0	0
Intermediate DD	161	154
Shelter	0	0

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	3	0	0	0	0	0	1	0	0	0	4	0	4
18 to 44	0	0	139	87	0	0	0	0	0	0	0	0	139	87	226
45 to 59	0	0	106	90	0	0	0	0	1	1	0	0	107	91	198
60 to 64	0	0	16	14	0	0	0	0	3	1	0	0	19	15	34
65 to 74	3	5	16	23	0	0	0	0	3	2	0	0	22	30	52
75 to 84	4	5	19	44	0	0	0	0	14	15	0	0	37	64	101
85 _Over	3	12	17	67	0	0	0	1	16	47	0	0	36	127	163
TOTALS	10	22	316	325	0	0	0	1	38	66	0	0	364	414	778

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	22.00
Physicians	1.60
Director of Nursing	7.00
Registered Nurses	58.50
LPN's	65.00
Certified Aides	471.50
Other Health Staff	51.00
Non-Health Staff	277.00
Totals	953.60

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

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

HEALTH SERVICE AREA	011
LTC PLANNING AREA	Madison
State of Illinois	
TOTAL FACILITIES	45
HOSPITAL BASED UNITS	5
FREE STANDING FACILITIES	40
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	23
SHELTERED CARE BEDS ONLY	2
DD CARE BEDS ONLY	19
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	2
NON-PROFIT OWNERSHIP	25
FOR PROFIT OWNERSHIP	18

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	16
Chronic Alcoholism	15
Developmentally Disabled	8
Drug Addiction	15
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	8
Non-Ambulatory	7
Non-Mobile	13
Public Aid Recipient	0
Under 65 Years Old	1
Unable to Self-Medicate	7
Other Restrictions	6
No Restrictions	10

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	34
Endocrine/Metabolic	129
Blood Disorders	11
*Nervous System	83
Alzheimer Disease	315
Mental Illness	197
Developmental Disability	506
Circulatory System	372
Respiratory System	130
Digestive System	40
Genitourinary System Disorders	52
Skin Disorders	36
Musculo-skeletal Disorders	123
Injuries and Poisonings	135
Other Medical Conditions	121
Non-Medical Conditions	66
TOTALS	2350

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	2298	2263	2039	2230	1778	890	1747
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	540	528	502	528	493		519
Sheltered Care	105	100	87	100	79		
TOTAL BEDS	2943	2891	2628	2858	2350	890	2266

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	69	23	0	0	102	81	4	1	175	105	280
45 to 59	63	45	0	0	130	84	15	14	208	143	351
60 to 64	26	24	0	0	28	20	3	5	57	49	106
65 ro 74	73	103	0	0	19	8	8	9	100	120	220
75 to 84	134	438	0	0	11	9	4	9	149	456	605
85 _Over	109	669	0	2	1	0	2	5	112	676	788
TOTALS	474	1302	0	2	291	202	36	43	801	1549	2350

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	77508	356114	234487	668109	79.7	80.9
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		169861	6457	176318	89.5	91.5
Shelter			29714	29714	77.5	81.4
TOTALS	77508	525975	270658	874141	81.4	82.8

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	77508	23.9	356114	55.8
SklUnd22			0	0.0
ICF/DD			169861	89.7
TOTALS	77508	23.9	525975	63.6

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

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

HEALTH SERVICE AREA 011
LTC PLANNING AREA 119

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	2450
B. Total Admissions 2005	4612
C. Total Discharges 2005	4712
D. Residents on December 31, 2005	2350

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	207	946	136	14	475	0	1778
SklUnd22	0	0	0	0	0	0	0
ICF/DD		479	0	0	14	0	493
Shelter			0	0	79	0	79
TOTALS	207	1425	136	14	568	0	2350

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	1	0	4
Indian	3	0	0	0	3
Black	164	0	36	7	207
Hawaiin or Pacific Islander	0	0	2	0	2
White	1588	0	454	72	2114
Unknown	20	0	0	0	20
Total	1778	0	493	79	2350
ETHNICITY					
Hispanic	7	0	4	0	11
Not Hispanic	1656	0	489	79	2224
Unknown	115	0	0	0	115
Total	1778	0	493	79	2350

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	218	190
Skilled Under 22	0	0
Intermediate DD	145	132
Shelter	86	72

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	3	103	84	61	15	0	0	8	3	0	0	175	105	280
45 to 59	5	7	156	107	23	10	2	0	22	19	0	0	208	143	351
60 to 64	1	2	45	35	4	1	0	3	7	8	0	0	57	49	106
65 to 74	11	17	70	71	0	4	0	4	19	24	0	0	100	120	220
75 to 84	29	53	81	270	1	7	2	1	36	125	0	0	149	456	605
85 _Over	13	63	49	354	3	7	2	0	45	252	0	0	112	676	788
TOTALS	62	145	504	921	92	44	6	8	137	431	0	0	801	1549	2350

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	52.00
Physicians	7.00
Director of Nursing	33.80
Registered Nurses	158.54
LPN's	245.48
Certified Aides	859.62
Other Health Staff	340.93
Non-Health Staff	728.55
Totals	2425.92

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

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

HEALTH SERVICE AREA	011
LTC PLANNING AREA	Monroe
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	5
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	1
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	3
Chronic Alcoholism	2
Developmentally Disabled	3
Drug Addiction	3
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	2
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	1
Other Restrictions	0
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	17
Blood Disorders	4
*Nervous System	26
Alzheimer Disease	46
Mental Illness	15
Developmental Disability	22
Circulatory System	89
Respiratory System	36
Digestive System	16
Genitourinary System Disorders	8
Skin Disorders	3
Musculo-skeletal Disorders	25
Injuries and Poisonings	4
Other Medical Conditions	39
Non-Medical Conditions	19
TOTALS	369

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	404	404	343	400	334	44	359
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16		16
Sheltered Care	25	20	20	19	19		
TOTAL BEDS	445	440	379	435	369	44	375

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	4	0	0	5	5	10
45 to 59	0	4	0	0	2	2	0	0	2	6	8
60 to 64	3	4	0	0	1	0	0	0	4	4	8
65 ro 74	9	20	0	0	1	1	0	1	10	22	32
75 to 84	26	83	0	0	0	1	0	3	26	87	113
85 _Over	32	151	0	0	0	0	2	13	34	164	198
TOTALS	71	263	0	0	8	8	2	17	81	288	369

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	6763	69874	44598	121235	82.2	82.2
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		5840	0	5840	100.0	100.0
Shelter			7174	7174	78.6	98.3
TOTALS	6763	75714	51772	134249	82.7	83.6

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	6763	42.1	69874	53.3
SklUnd22			0	0.0
ICF/DD			5840	100.0
TOTALS	6763	42.1	75714	55.3

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

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

HEALTH SERVICE AREA 011
LTC PLANNING AREA 133

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	366
B. Total Admissions 2005	333
C. Total Discharges 2005	330
D. Residents on December 31, 2005	369

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	191	0	0	122	0	334
SklUnd22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Shelter			0	3	16	0	19
TOTALS	21	207	0	3	138	0	369

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	1	0	1	0	2
Hawaiin or Pacific Islander	1	0	0	0	1
White	332	0	15	19	366
Unknown	0	0	0	0	0
Total	334	0	16	19	369
ETHNICITY					
Hispanic	0	0	0	0	0
Not Hispanic	334	0	16	19	369
Unknown	0	0	0	0	0
Total	334	0	16	19	369

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	151	118
Skilled Under 22	0	0
Intermediate DD	108	108
Shelter	72	47

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	5	5	0	0	0	0	0	0	0	0	5	5	10
45 to 59	0	0	2	6	0	0	0	0	0	0	0	0	2	6	8
60 to 64	0	1	4	3	0	0	0	0	0	0	0	0	4	4	8
65 to 74	2	1	7	13	0	0	0	0	1	8	0	0	10	22	32
75 to 84	0	7	14	46	0	0	0	0	12	34	0	0	26	87	113
85 _Over	5	5	10	92	0	0	0	3	19	64	0	0	34	164	198
TOTALS	7	14	42	165	0	0	0	3	32	106	0	0	81	288	369

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.25
Physicians	0.00
Director of Nursing	3.25
Registered Nurses	13.80
LPN's	43.00
Certified Aides	137.00
Other Health Staff	3.00
Non-Health Staff	114.75
Totals	319.05

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

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

HEALTH SERVICE AREA	011
LTC PLANNING AREA	St. Clair
State of Illinois	
TOTAL FACILITIES	26
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	26
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	19
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	5
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	11
FOR PROFIT OWNERSHIP	15

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	11
Chronic Alcoholism	11
Developmentally Disabled	9
Drug Addiction	14
Medicaid Recipient	1
Medicare Recipient	2
Mental Illness	5
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	1
Under 65 Years Old	2
Unable to Self-Medicate	1
Other Restrictions	3
No Restrictions	5

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	59
Endocrine/Metabolic	167
Blood Disorders	60
*Nervous System	83
Alzheimer Disease	200
Mental Illness	263
Developmental Disability	155
Circulatory System	404
Respiratory System	181
Digestive System	84
Genitourinary System Disorders	52
Skin Disorders	24
Musculo-skeletal Disorders	141
Injuries and Poisonings	104
Other Medical Conditions	92
Non-Medical Conditions	0
TOTALS	2069

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	2434	2405	2123	2390	1874	1028	2147
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	156	156	146	156	146		156
Sheltered Care	100	100	56	100	49		
TOTAL BEDS	2690	2661	2325	2646	2069	1028	2303

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

	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	1	0	0	0	1	0	1
18 to 44	41	25	0	0	39	29	0	0	80	54	134
45 to 59	96	73	0	0	29	36	0	0	125	109	234
60 to 64	44	60	0	0	0	3	0	0	44	63	107
65 ro 74	100	142	0	0	3	4	1	2	104	148	252
75 to 84	175	393	0	0	1	1	3	15	179	409	588
85 _Over	113	612	0	0	0	0	2	26	115	638	753
TOTALS	569	1305	0	0	73	73	6	43	648	1421	2069

PATIENT DAYS OF CARE - 2005
BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	70107	448392	176582	695081	78.2	79.2
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		49975	268	50243	88.2	88.2
Shelter			16591	16591	45.5	45.5
TOTALS	70107	498367	193441	761915	77.6	78.4

PATIENT DAYS BY PAYMENT SOURCE

LEVEL	Medicare		Medicaid	
OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	70107	18.7	448392	57.2
SklUnd22			0	0.0
ICF/DD			49975	87.8
TOTALS	70107	18.7	498367	59.3

Source: Health Systems Development
Illinois Department of Public Health
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HEALTH SERVICE AREA 011
LTC PLANNING AREA 163

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	2096
B. Total Admissions 2005	3062
C. Total Discharges 2005	3089
D. Residents on December 31, 2005	2069

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	190	1220	7	22	432	3	1874
SklUnd22	0	0	0	0	0	0	0
ICF/DD		143	0	0	3	0	146
Shelter			8	0	41	0	49
TOTALS	190	1363	15	22	476	3	2069

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	2	0	4
Indian	0	0	0	0	0
Black	409	0	32	3	444
Hawaiin or Pacific Islander	3	0	1	0	4
White	1456	0	111	46	1613
Unknown	4	0	0	0	4
Total	1874	0	146	49	2069
ETHNICITY					
Hispanic	2	0	0	0	2
Not Hispanic	1521	0	146	49	1716
Unknown	351	0	0	0	351
Total	1874	0	146	49	2069

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	114
Skilled Under 22	0	0
Intermediate DD	108	111
Shelter	110	96

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

	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	1	0	0	0	0	0	0	0	0	0	1	0	1
18 to 44	0	0	79	52	0	0	0	0	1	2	0	0	80	54	134
45 to 59	7	5	110	100	1	0	2	0	5	4	0	0	125	109	234
60 to 64	4	4	35	56	0	0	3	1	2	2	0	0	44	63	107
65 to 74	13	25	77	100	3	0	0	2	11	21	0	0	104	148	252
75 to 84	23	46	109	242	1	5	5	7	41	109	0	0	179	409	588
85 _Over	13	50	49	353	0	5	0	2	53	225	0	3	115	638	753
TOTALS	60	130	460	903	5	10	10	12	113	363	0	3	648	1421	2069

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	24.25
Physicians	7.00
Director of Nursing	22.25
Registered Nurses	86.20
LPN's	266.36
Certified Aides	788.86
Other Health Staff	123.48
Non-Health Staff	539.96
Totals	1858.36

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

Note: Numbers preceding each section refer to the number of the question in the survey.
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