

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

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

Differences from Previous LTC Questionnaires

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

Validation and Compilation of Data

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HEALTH SERVICE AREA	001	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS		
LTC PLANNING AREA	Boone	Aggressive/Anti-Social	1	DIAGNOSIS	
State of Illinois		Chronic Alcoholism	1	Neoplasms	14
TOTAL FACILITIES	3	Developmentally Disabled	3	Endocrine/Metabolic	28
HOSPITAL BASED UNITS	0	Drug Addiction	1	Blood Disorders	10
FREE STANDING FACILITIES	3	Medicaid Recipient	0	*Nervous System	14
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	30
NURSING CARE BEDS ONLY	3	Mental Illness	3	Mental Illness	4
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	0
DD CARE BEDS ONLY	0	Non-Mobile	0	Circulatory System	51
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0	Respiratory System	13
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0	Digestive System	9
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicat	1	Genitourinary System Disorders	12
NON-PROFIT OWNERSHIP	0	Ventilator Dependent	3	Skin Disorders	3
FOR PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	27
		Other Restrictions	0	Injuries and Poisonings	12
		No Restrictions	0	Other Medical Conditions	2
				Non-Medical Conditions	0
				TOTALS	229

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	282	282	255	282	229	53	206	286	226	389
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	282	282	255	282	229	53	206	286		386
										229

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	8647	11.5%	45588	43.7%	29780	84015	81.6%	81.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8647	11.5%	45588	43.7%	29780	84015	81.6%	81.6%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	6	17	0	0	0	0	0	0	6	17	23
75 to 84	21	63	0	0	0	0	0	0	21	63	84
85+	26	81	0	0	0	0	0	0	26	81	107
TOTALS	61	168	0	0	0	0	0	0	61	168	229

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 001
LTC PLANNING AREA Boone

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	32	124	11	2	60	0	229
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	32	124	11	2	60	0	229

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	148	128
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	226	0	0	0	226
Race Unknown	1	0	0	0	1
Total	229	0	0	0	229

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	226	0	0	0	226
Ethnicity Unknown	1	0	0	0	1
Total	229	0	0	0	229

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	17.50
LPN's	22.50
Certified Aides	76.50
Other Health Staff	21.00
Non-Health Staff	62.50
Totals	207.00

HEALTH SERVICE AREA	001	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Carroll	Aggressive/Anti-Social	1
State of Illinois		Chronic Alcoholism	1
TOTAL FACILITIES	3	Developmentally Disabled	0
HOSPITAL BASED UNITS	0	Drug Addiction	1
FREE STANDING FACILITIES	3	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	1
NURSING CARE BEDS ONLY	2	Mental Illness	1
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	1	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	2	Ventilator Dependent	1
FOR PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	1
		Other Restrictions	1
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	148

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	170	170	157	170	133	37	72	170	165	91
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	16	16	16	16	15	1		16	108	148
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	186	186	173	186	148	38	72	186		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE		Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Pat. days	TOTAL Pat. days				
Nursing Care	878	3.3%	33007	53.2%	17549	51434	82.9%	82.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5635	96.5%	0	5635	96.5%	96.5%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	878	3.3%	38642	56.9%	17549	57069	84.1%	84.1%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	3	4	0	0	5	4	9
45 to 59	2	2	0	0	1	3	0	0	3	5	8
60 to 64	3	2	0	0	1	2	0	0	4	4	8
65 to 74	8	10	0	0	0	0	0	0	9	10	19
75 to 84	8	22	0	0	0	0	0	0	8	22	30
85+	12	62	0	0	0	0	0	0	12	62	74
TOTALS	35	98	0	0	6	9	0	0	41	107	148

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 001
 LTC PLANNING AREA Carroll

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	88	0	0	41	0	133
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	4	103	0	0	41	0	148

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	142
Skilled Under 22	0	0
Intermediate DD	123	123
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	1	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	132	0	14	0	146
Race Unknown	0	0	0	0	0
Total	133	0	15	0	148

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	131	0	15	0	146
Ethnicity Unknown	0	0	0	0	0
Total	133	0	15	0	148

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.25
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	11.42
LPN's	8.22
Certified Aides	53.66
Other Health Staff	4.95
Non-Health Staff	53.93
Totals	136.43

HEALTH SERVICE AREA	001	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	DeKalb	Aggressive/Anti-Social	4	DIAGNOSIS
State of Illinois		Chronic Alcoholism	6	Neoplasms 11
TOTAL FACILITIES	9	Developmentally Disabled	2	Endocrine/Metabolic 46
HOSPITAL BASED UNITS	0	Drug Addiction	6	Blood Disorders 3
FREE STANDING FACILITIES	9	Medicaid Recipient	1	*Nervous System 42
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease 97
NURSING CARE BEDS ONLY	6	Mental Illness	5	Mental Illness 40
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	1	Developmental Disability 79
DD CARE BEDS ONLY	2	Non-Mobile	0	Circulatory System 97
MULTI-LICENSED FACILITIES	1	Public Aid Recipient	1	Respiratory System 61
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	1	Digestive System 14
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	0	Genitourinary System Disorders 16
NON-PROFIT OWNERSHIP	2	Ventilator Dependent	5	Skin Disorders 6
FOR PROFIT OWNERSHIP	6	Infectious Disease w/ Isolation	3	Musculo-skeletal Disorders 75
		Other Restrictions	0	Injuries and Poisonings 7
		No Restrictions	3	Other Medical Conditions 118
				Non-Medical Conditions 0
				TOTALS 712

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	735	727	657	727	601	134	374	669	689	Total Admissions 2006 1034
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2006 1011
Intermediate DD	76	76	75	76	75	1		76		Residents on 12/31/2006 712
Sheltered Care	49	49	36	49	36	13				
TOTAL BEDS	860	852	768	852	712	148	374	745		

LEVEL OF CARE	FACILITY UTILIZATION - 2006									
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE									
	Medicare		Medicaid		Other		TOTAL	Licensed Beds		Peak Beds Set Up
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	Occ. Pct.
Nursing Care	23240	17.0%	103687	42.5%	89425	216352	80.6%	81.5%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			26468	95.4%	0	26468	95.4%	95.4%		
Sheltered Care					10231	10231	57.2%	57.2%		
TOTALS	23240	17.0%	130155	47.9%	99656	253051	80.6%	81.4%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	2	0	0	25	22	0	0	30	24	54
45 to 59	5	12	0	0	9	10	0	0	14	22	36
60 to 64	8	6	0	0	2	1	0	0	10	7	17
65 to 74	21	33	0	0	0	2	1	1	26	36	62
75 to 84	58	141	0	0	0	0	3	15	61	156	217
85+	62	248	0	0	0	0	8	8	70	256	326
TOTALS	159	442	0	0	40	35	12	24	211	501	712

HEALTH SERVICE AREA 001
LTC PLANNING AREA DeKalb

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	64	305	1	4	227	0	601
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		75	0	0	0	0	75
Sheltered Care			0	0	36	0	36
TOTALS	64	380	1	4	263	0	712

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	138
Skilled Under 22	0	0
Intermediate DD	144	140
Shelter	99	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	8	0	12	0	20
Hawaiian/Pac. Isl.	0	0	0	0	0
White	590	0	63	36	689
Race Unknown	2	0	0	0	2
Total	601	0	75	36	712

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	12	0	17
Non-Hispanic	596	0	63	36	695
Ethnicity Unknown	0	0	0	0	0
Total	601	0	75	36	712

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	9.00
Physicians	0.00
Director of Nursing	8.00
Registered Nurses	69.30
LPN's	47.62
Certified Aides	274.28
Other Health Staff	36.82
Non-Health Staff	289.13
Totals	734.15

HEALTH SERVICE AREA	001	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Jo Daviess	Aggressive/Anti-Social	2
State of Illinois		Chronic Alcoholism	2
TOTAL FACILITIES	4	Developmentally Disabled	1
HOSPITAL BASED UNITS	1	Drug Addiction	3
FREE STANDING FACILITIES	3	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	3	Mental Illness	1
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	1	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	1	Ventilator Dependent	4
FOR PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	2
		Other Restrictions	0
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	146

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	155	155	155	155	132	23	0	155	154	154
Skilled Under 22	0	0	0	0	0	0	0	0	74	74
Intermediate DD	15	15	15	15	14	1	0	15	82	82
Sheltered Care	0	0	0	0	0	0	0	0	146	146
TOTAL BEDS	170	170	170	170	146	24	0	170		

LEVEL OF CARE	FACILITY UTILIZATION - 2006									
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE									
	Medicare		Medicaid		Other		TOTAL	Licensed Beds		Peak Beds Set Up
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	16365	28.9%	32422	48787	86.2%	86.2%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5240	95.7%	49	5289	96.6%	96.6%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	21605	34.8%	32471	54076	87.1%	87.1%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	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	4	0	0	2	0	0	0	2	4	6
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	3	0	0	1	0	0	0	2	3	5
75 to 84	14	24	0	0	1	1	0	0	15	25	40
85+	14	70	0	0	0	0	0	0	14	70	84
TOTALS	30	102	0	0	7	7	0	0	37	109	146

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 001
 LTC PLANNING AREA Jo Daviess

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	53	0	4	75	0	132
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	67	0	4	75	0	146

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	131
Skilled Under 22	0	0
Intermediate DD	114	109
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	132	0	13	0	145
Race Unknown	0	0	0	0	0
Total	132	0	14	0	146

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	132	0	14	0	146
Ethnicity Unknown	0	0	0	0	0
Total	132	0	14	0	146

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.25
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	8.25
LPN's	12.25
Certified Aides	62.50
Other Health Staff	42.00
Non-Health Staff	23.00
Totals	154.25

HEALTH SERVICE AREA	001	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Lee	Aggressive/Anti-Social	2
State of Illinois		Chronic Alcoholism	12
TOTAL FACILITIES	16	Developmentally Disabled	3
HOSPITAL BASED UNITS	1	Drug Addiction	13
FREE STANDING FACILITIES	15	Medicaid Recipient	2
FACILITIES LICENSED FOR:		Medicare Recipient	2
NURSING CARE BEDS ONLY	4	Mental Illness	2
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	3
DD CARE BEDS ONLY	11	Non-Mobile	3
MULTI-LICENSED FACILITIES	1	Public Aid Recipient	1
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	1
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	1
NON-PROFIT OWNERSHIP	13	Ventilator Dependent	11
FOR PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	2
		Other Restrictions	1
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		Neoplasms	10
		Endocrine/Metabolic	43
		Blood Disorders	2
		*Nervous System	37
		Alzheimer Disease	27
		Mental Illness	14
		Developmental Disability	105
		Circulatory System	67
		Respiratory System	20
		Digestive System	10
		Genitourinary System Disorders	10
		Skin Disorders	1
		Musculo-skeletal Disorders	27
		Injuries and Poisonings	20
		Other Medical Conditions	7
		Non-Medical Conditions	0
		TOTALS	400

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	355	349	291	349	256	99	237	340	410	560
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	105	105	105	105	104	1		105		
Sheltered Care	49	49	41	49	40	9				400
TOTAL BEDS	509	503	437	503	400	109	237	445		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days				
Nursing Care	8293	9.6%	50741	40.9%	36787	95821	74.0%	75.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			37434	97.7%	226	37660	98.3%	98.3%	
Sheltered Care					14600	14600	81.6%	81.6%	
TOTALS	8293	9.6%	88175	54.3%	51613	148081	79.7%	80.7%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	15	15	0	0	16	15	31
45 to 59	0	6	0	0	20	23	0	0	20	29	49
60 to 64	3	3	0	0	9	3	0	0	12	6	18
65 to 74	3	15	0	0	3	5	1	0	9	20	29
75 to 84	17	47	0	0	3	4	1	4	21	55	76
85+	34	127	0	0	1	1	5	29	40	157	197
TOTALS	58	198	0	0	53	51	7	33	118	282	400

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 001
LTC PLANNING AREA Lee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	24	136	0	9	87	0	256
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		103	0	0	1	0	104
Sheltered Care			0	2	37	1	40
TOTALS	24	239	0	11	125	1	400

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	219
Skilled Under 22	0	0
Intermediate DD	177	169
Shelter	76	74

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	10	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	253	0	91	40	384
Race Unknown	0	0	3	0	3
Total	256	0	104	40	400

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	3	0	5
Non-Hispanic	254	0	89	40	383
Ethnicity Unknown	0	0	12	0	12
Total	256	0	104	40	400

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.75
Physicians	1.00
Director of Nursing	5.00
Registered Nurses	20.55
LPN's	41.52
Certified Aides	189.87
Other Health Staff	4.00
Non-Health Staff	137.57
Totals	407.26

HEALTH SERVICE AREA	001	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Ogle	Aggressive/Anti-Social	4
State of Illinois		Chronic Alcoholism	5
TOTAL FACILITIES	7	Developmentally Disabled	2
HOSPITAL BASED UNITS	0	Drug Addiction	5
FREE STANDING FACILITIES	7	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	1
NURSING CARE BEDS ONLY	6	Mental Illness	2
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	1	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	3	Ventilator Dependent	5
FOR PROFIT OWNERSHIP	4	Infectious Disease w/ Isolation	1
		Other Restrictions	1
		No Restrictions	2
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	401

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	553	542	442	542	386	167	301	554	432	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	553	Total Discharges 2006
Intermediate DD	16	16	16	16	15	1		16	584	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0			401	
TOTAL BEDS	569	558	458	558	401	168	301	570		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	13397	12.2%	67849	33.6%	66256	147502	73.1%	74.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			5752	98.5%	0	5752	98.5%	98.5%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	13397	12.2%	73601	35.4%	66256	153254	73.8%	75.2%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	4	1	0	0	5	1	6
45 to 59	4	4	0	0	4	2	0	0	8	6	14
60 to 64	1	5	0	0	0	3	0	0	1	8	9
65 to 74	7	18	0	0	0	1	0	0	7	19	26
75 to 84	38	80	0	0	0	0	0	0	38	80	118
85+	50	178	0	0	0	0	0	0	50	178	228
TOTALS	101	285	0	0	8	7	0	0	109	292	401

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 001
 LTC PLANNING AREA Ogle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	32	216	1	0	137	0	386
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	32	231	1	0	137	0	401

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	137
Skilled Under 22	0	0
Intermediate DD	0	113
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	386	0	15	0	401
Race Unknown	0	0	0	0	0
Total	386	0	15	0	401

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	1	0	3
Non-Hispanic	384	0	14	0	398
Ethnicity Unknown	0	0	0	0	0
Total	386	0	15	0	401

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.25
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	22.20
LPN's	44.37
Certified Aides	173.62
Other Health Staff	6.88
Non-Health Staff	166.74
Totals	429.06

HEALTH SERVICE AREA		001	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Stephenson		Aggressive/Anti-Social	6	DIAGNOSIS	
State of Illinois			Chronic Alcoholism	6	Neoplasms	9
TOTAL FACILITIES	9		Developmentally Disabled	2	Endocrine/Metabolic	71
HOSPITAL BASED UNITS	1		Drug Addiction	6	Blood Disorders	2
FREE STANDING FACILITIES	8		Medicaid Recipient	1	*Nervous System	26
FACILITIES LICENSED FOR:			Medicare Recipient	2	Alzheimer Disease	38
NURSING CARE BEDS ONLY	5		Mental Illness	5	Mental Illness	15
SHELTERED CARE BEDS ONLY	0		Non-Ambulatory	0	Developmental Disability	36
DD CARE BEDS ONLY	2		Non-Mobile	0	Circulatory System	135
MULTI-LICENSED FACILITIES	2		Public Aid Recipient	1	Respiratory System	47
FACILITIES REPORTED BY OWNERSHIP TYPE			Under 65 Years Old	0	Digestive System	37
GOVERNMENTAL OWNERSHIP	1		Unable to Self-Medicare	0	Genitourinary System Disorders	18
NON-PROFIT OWNERSHIP	7		Ventilator Dependent	7	Skin Disorders	5
FOR PROFIT OWNERSHIP	1		Infectious Disease w/ Isolation	3	Musculo-skeletal Disorders	28
			Other Restrictions	2	Injuries and Poisonings	29
			No Restrictions	0	Other Medical Conditions	31
					Non-Medical Conditions	0
					TOTALS	527

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	633	631	518	631	452	181	319	534	547	1087
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	32	32	32	32	32	0		32		
Sheltered Care	77	67	43	61	43	34				1107
TOTAL BEDS	742	730	593	724	527	215	319	566		527

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	21198	18.2%	83377	42.8%	65520	170095	73.6%	73.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			11680	100.0%	0	11680	100.0%	100.0%	
Sheltered Care					12329	12329	43.9%	50.4%	
TOTALS	21198	18.2%	95057	46.0%	77849	194104	71.7%	72.8%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	2	0	0	13	8	0	0	18	10	28
45 to 59	5	9	0	0	2	4	0	0	7	13	20
60 to 64	6	10	0	0	1	3	0	1	7	14	21
65 to 74	18	43	0	0	0	0	1	1	19	44	63
75 to 84	38	102	0	0	0	1	2	7	40	110	150
85+	44	170	0	0	0	0	5	26	49	196	245
TOTALS	116	336	0	0	16	16	8	35	140	387	527

HEALTH SERVICE AREA 001
 LTC PLANNING AREA Stephenson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	41	226	3	2	177	3	452
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	32	0	0	0	32
Sheltered Care			0	0	40	3	43
TOTALS	41	226	35	2	217	6	527

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	176	160
Skilled Under 22	0	0
Intermediate DD	123	123
Shelter	89	95

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	18	0	4	0	22
Hawaiian/Pac. Isl.	0	0	0	0	0
White	434	0	28	43	505
Race Unknown	0	0	0	0	0
Total	452	0	32	43	527

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	452	0	32	43	527
Ethnicity Unknown	0	0	0	0	0
Total	452	0	32	43	527

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.50
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	50.90
LPN's	71.70
Certified Aides	217.97
Other Health Staff	14.19
Non-Health Staff	151.93
Totals	521.19

HEALTH SERVICE AREA	001	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Whiteside	Aggressive/Anti-Social	10
State of Illinois		Chronic Alcoholism	8
TOTAL FACILITIES	16	Developmentally Disabled	3
HOSPITAL BASED UNITS	0	Drug Addiction	9
FREE STANDING FACILITIES	16	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	4
NURSING CARE BEDS ONLY	9	Mental Illness	4
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	1
DD CARE BEDS ONLY	4	Non-Mobile	0
MULTI-LICENSED FACILITIES	3	Public Aid Recipient	1
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	1
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	1
NON-PROFIT OWNERSHIP	9	Ventilator Dependent	11
FOR PROFIT OWNERSHIP	6	Infectious Disease w/ Isolation	5
		Other Restrictions	1
		No Restrictions	3
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	809

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	819	806	722	804	639	180	348	822	841	
Skilled Under 22	85	84	82	84	82	3		79	569	
Intermediate DD	64	64	64	64	64	0		64	601	
Sheltered Care	31	28	24	28	24	7			809	
TOTAL BEDS	999	982	892	980	809	190	348	965		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days				
Nursing Care	34767	27.4%	135650	45.2%	72372	242789	81.2%	82.5%	
Skilled Under 22			28797	99.9%	31	28828	92.9%	94.0%	
Intermediate DD			21577	92.4%	0	21577	92.4%	92.4%	
Sheltered Care					8943	8943	79.0%	87.5%	
TOTALS	34767	27.4%	186024	52.8%	81346	302137	82.9%	84.3%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	43	17	42	29	13	19	0	0	98	65	163
45 to 59	58	31	5	6	6	14	0	0	69	51	120
60 to 64	8	15	0	0	2	2	0	0	10	17	27
65 to 74	24	42	0	0	1	4	0	0	24	46	70
75 to 84	44	123	0	0	1	3	1	4	46	130	176
85+	42	192	0	0	0	0	4	15	46	207	253
TOTALS	219	420	47	35	22	42	5	19	293	516	809

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 001
 LTC PLANNING AREA Whiteside

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	412	2	0	186	0	639
Skilled Under 22	0	82	0	0	0	0	82
ICF/DD		64	0	0	0	0	64
Sheltered Care			0	0	24	0	24
TOTALS	39	558	2	0	210	0	809

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	124
Skilled Under 22	170	170
Intermediate DD	120	136
Shelter	83	79

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	13	8	6	0	27
Hawaiian/Pac. Isl.	0	0	0	0	0
White	625	73	58	24	780
Race Unknown	0	1	0	0	1
Total	639	82	64	24	809

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	14	5	4	0	23
Non-Hispanic	625	77	60	24	786
Ethnicity Unknown	0	0	0	0	0
Total	639	82	64	24	809

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	14.25
Physicians	0.00
Director of Nursing	12.50
Registered Nurses	44.98
LPN's	81.86
Certified Aides	347.92
Other Health Staff	36.09
Non-Health Staff	250.91
Totals	788.51

HEALTH SERVICE AREA		001	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Winnebago		Aggressive/Anti-Social	19	DIAGNOSIS	
State of Illinois			Chronic Alcoholism	20	Neoplasms	52
TOTAL FACILITIES	28		Developmentally Disabled	10	Endocrine/Metabolic	170
HOSPITAL BASED UNITS	0		Drug Addiction	23	Blood Disorders	7
FREE STANDING FACILITIES	28		Medicaid Recipient	0	*Nervous System	130
FACILITIES LICENSED FOR:			Medicare Recipient	7	Alzheimer Disease	262
NURSING CARE BEDS ONLY	12		Mental Illness	13	Mental Illness	305
SHELTERED CARE BEDS ONLY	0		Non-Ambulatory	1	Developmental Disability	274
DD CARE BEDS ONLY	10		Non-Mobile	3	Circulatory System	459
MULTI-LICENSED FACILITIES	6		Public Aid Recipient	2	Respiratory System	147
FACILITIES REPORTED BY OWNERSHIP TYPE			Under 65 Years Old	1	Digestive System	56
GOVERNMENTAL OWNERSHIP	1		Unable to Self-Medicare	2	Genitourinary System Disorders	63
NON-PROFIT OWNERSHIP	17		Ventilator Dependent	23	Skin Disorders	16
FOR PROFIT OWNERSHIP	10		Infectious Disease w/ Isolation	6	Musculo-skeletal Disorders	188
			Other Restrictions	3	Injuries and Poisonings	107
			No Restrictions	2	Other Medical Conditions	103
					Non-Medical Conditions	17
					TOTALS	2356

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	2336	2298	1999	2259	1763	573	1028	2023	2398	
Skilled Under 22	93	93	82	0	82	11		93	4912	
Intermediate DD	180	180	180	180	179	1		180	4954	
Sheltered Care	463	451	352	451	332	131			2356	
TOTAL BEDS	3072	3022	2613	2890	2356	716	1028	2296		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	89117	23.8%	403475	54.6%	162507	655099	76.8%	78.1%	
Skilled Under 22			29362	86.5%	365	29727	87.6%	87.6%	
Intermediate DD			65184	99.2%	365	65549	99.8%	99.8%	
Sheltered Care					119248	119248	70.6%	72.4%	
TOTALS	89117	23.8%	498021	59.4%	282485	869623	77.6%	78.8%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	33	11	0	0	0	0	33	11	44
18 to 44	36	22	23	15	55	51	0	0	114	88	202
45 to 59	92	77	0	0	28	19	0	3	120	99	219
60 to 64	37	36	0	0	12	6	1	0	50	42	92
65 to 74	88	125	0	0	1	5	2	4	92	134	226
75 to 84	158	344	0	0	1	0	19	88	178	432	610
85+	153	595	0	0	0	0	57	158	210	753	963
TOTALS	564	1199	56	26	98	81	79	253	797	1559	2356

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 001
LTC PLANNING AREA Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	240	1036	3	51	433	0	1763
Skilled Under 22	0	81	0	0	1	0	82
ICF/DD		172	6	0	1	0	179
Sheltered Care			0	2	316	14	332
TOTALS	240	1289	9	53	751	14	2356

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	202	166
Skilled Under 22	0	171
Intermediate DD	179	211
Shelter	122	105

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	1	3	0	7
Amer. Indian	0	0	0	0	0
Black	141	17	28	0	186
Hawaiian/Pac. Isl.	0	0	1	0	1
White	1619	57	147	332	2155
Race Unknown	0	7	0	0	7
Total	1763	82	179	332	2356

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	21	6	9	0	36
Non-Hispanic	1537	76	170	302	2085
Ethnicity Unknown	205	0	0	30	235
Total	1763	82	179	332	2356

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	25.00
Physicians	0.20
Director of Nursing	19.00
Registered Nurses	151.15
LPN's	269.60
Certified Aides	1004.96
Other Health Staff	120.33
Non-Health Staff	811.91
Totals	2402.15

HEALTH SERVICE AREA	002	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Bureau/Putnam	Aggressive/Anti-Social	3
State of Illinois		Chronic Alcoholism	3
TOTAL FACILITIES	6	Developmentally Disabled	3
HOSPITAL BASED UNITS	1	Drug Addiction	3
FREE STANDING FACILITIES	5	Medicaid Recipient	2
FACILITIES LICENSED FOR:		Medicare Recipient	1
NURSING CARE BEDS ONLY	5	Mental Illness	3
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	1
DD CARE BEDS ONLY	0	Non-Mobile	1
MULTI-LICENSED FACILITIES	1	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	1
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	1
NON-PROFIT OWNERSHIP	2	Ventilator Dependent	4
FOR PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	1
		Other Restrictions	0
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	368

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	463	1345	381	456	344	119	207	456	351	821
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	39	39	39	39	24	15				804
TOTAL BEDS	502	1384	420	495	368	134	207	456		368

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days				
Nursing Care	19677	26.0%	65029	39.1%	40799	125505	74.3%	25.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					6305	6305	44.3%	44.3%	
TOTALS	19677	26.0%	65029	39.1%	47104	131810	71.9%	26.1%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	7	0	0	0	0	0	0	5	7	12
60 to 64	4	8	0	0	0	0	0	0	4	8	12
65 to 74	19	11	0	0	0	0	0	0	19	11	30
75 to 84	29	73	0	0	0	0	1	4	30	77	107
85+	39	149	0	0	0	0	4	15	43	164	207
TOTALS	96	248	0	0	0	0	5	19	101	267	368

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 002
LTC PLANNING AREA Bureau/Putnam

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	43	183	0	4	114	0	344
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	24	0	24
TOTALS	43	183	0	4	138	0	368

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	171
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	95	95

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	342	0	0	24	366
Race Unknown	0	0	0	0	0
Total	344	0	0	24	368

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	287	0	0	24	311
Ethnicity Unknown	51	0	0	0	51
Total	344	0	0	24	368

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.30
Physicians	0.00
Director of Nursing	5.00
Registered Nurses	39.16
LPN's	35.64
Certified Aides	148.38
Other Health Staff	38.00
Non-Health Staff	108.00
Totals	379.48

HEALTH SERVICE AREA	002	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS		
LTC PLANNING AREA	Fulton	Aggressive/Anti-Social	2	DIAGNOSIS	
State of Illinois		Chronic Alcoholism	3	Neoplasms	21
TOTAL FACILITIES	11	Developmentally Disabled	4	Endocrine/Metabolic	41
HOSPITAL BASED UNITS	1	Drug Addiction	4	Blood Disorders	6
FREE STANDING FACILITIES	10	Medicaid Recipient	0	*Nervous System	44
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease	76
NURSING CARE BEDS ONLY	8	Mental Illness	1	Mental Illness	83
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	1	Developmental Disability	81
DD CARE BEDS ONLY	1	Non-Mobile	0	Circulatory System	120
MULTI-LICENSED FACILITIES	2	Public Aid Recipient	0	Respiratory System	53
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0	Digestive System	7
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	0	Genitourinary System Disorders	9
NON-PROFIT OWNERSHIP	2	Ventilator Dependent	10	Skin Disorders	5
FOR PROFIT OWNERSHIP	8	Infectious Disease w/ Isolation	2	Musculo-skeletal Disorders	45
		Other Restrictions	0	Injuries and Poisonings	1
		No Restrictions	1	Other Medical Conditions	33
				Non-Medical Conditions	0
				TOTALS	625

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006		
Nursing Care	734	695	614	695	547	187	423	643	633	Total Admissions 2006	1075
Skilled Under 22	60	60	57	60	57	3		50		Total Discharges 2006	1083
Intermediate DD	16	16	16	16	15	1		16		Residents on 12/31/2006	625
Sheltered Care	16	7	7	7	6	10					
TOTAL BEDS	826	778	694	778	625	201	423	709			

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	25085	16.2%	116039	49.4%	63090	204214	76.2%	80.5%	
Skilled Under 22			20432	112.0%	0	20432	93.3%	93.3%	
Intermediate DD			5475	93.8%	0	5475	93.8%	93.8%	
Sheltered Care					2192	2192	37.5%	85.8%	
TOTALS	25085	16.2%	141946	54.9%	65282	232313	77.1%	81.8%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	7	8	0	0	0	0	7	8	15
18 to 44	7	2	21	20	2	4	0	0	30	26	56
45 to 59	20	16	0	1	4	4	0	0	24	21	45
60 to 64	14	12	0	0	1	0	0	0	15	12	27
65 to 74	26	36	0	0	0	0	0	0	26	36	62
75 to 84	46	109	0	0	0	0	0	1	46	110	156
85+	47	212	0	0	0	0	2	3	49	215	264
TOTALS	160	387	28	29	7	8	2	4	197	428	625

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 002
 LTC PLANNING AREA Fulton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	61	299	2	44	141	0	547
Skilled Under 22	0	57	0	0	0	0	57
ICF/DD		15	0	0	0	0	15
Sheltered Care			0	0	6	0	6
TOTALS	61	371	2	44	147	0	625

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	148	128
Skilled Under 22	189	189
Intermediate DD	105	105
Shelter	118	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	1	0	0	1
Amer. Indian	0	0	0	0	0
Black	3	25	0	0	28
Hawaiian/Pac. Isl.	0	0	0	0	0
White	544	31	15	6	596
Race Unknown	0	0	0	0	0
Total	547	57	15	6	625

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	3	0	0	4
Non-Hispanic	546	54	15	6	621
Ethnicity Unknown	0	0	0	0	0
Total	547	57	15	6	625

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.25
Physicians	0.00
Director of Nursing	12.00
Registered Nurses	39.25
LPN's	88.00
Certified Aides	281.50
Other Health Staff	30.00
Non-Health Staff	240.00
Totals	701.00

HEALTH SERVICE AREA		002	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Henderson/Warren		Aggressive/Anti-Social	0	DIAGNOSIS	
	State of Illinois		Chronic Alcoholism	1	Neoplasms	1
TOTAL FACILITIES	4		Developmentally Disabled	2	Endocrine/Metabolic	18
HOSPITAL BASED UNITS	1		Drug Addiction	1	Blood Disorders	1
FREE STANDING FACILITIES	3		Medicaid Recipient	1	*Nervous System	21
FACILITIES LICENSED FOR:			Medicare Recipient	0	Alzheimer Disease	40
NURSING CARE BEDS ONLY	4		Mental Illness	2	Mental Illness	2
SHELTERED CARE BEDS ONLY	0		Non-Ambulatory	0	Developmental Disability	3
DD CARE BEDS ONLY	0		Non-Mobile	0	Circulatory System	50
MULTI-LICENSED FACILITIES	0		Public Aid Recipient	0	Respiratory System	9
FACILITIES REPORTED BY OWNERSHIP TYPE			Under 65 Years Old	0	Digestive System	2
GOVERNMENTAL OWNERSHIP	0		Unable to Self-Medicare	0	Genitourinary System Disorders	3
NON-PROFIT OWNERSHIP	2		Ventilator Dependent	3	Skin Disorders	0
FOR PROFIT OWNERSHIP	2		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	31
			Other Restrictions	0	Injuries and Poisonings	0
			No Restrictions	1	Other Medical Conditions	9
					Non-Medical Conditions	0
					TOTALS	190

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	257	254	220	254	190	67	114	238	204	318
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	257	254	220	254	190	67	114	238		190

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	6470	15.5%	32146	37.0%	32795	71411	76.1%	77.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6470	15.5%	32146	37.0%	32795	71411	76.1%	77.0%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	5	10	0	0	0	0	0	0	5	10	15
75 to 84	21	40	0	0	0	0	0	0	21	40	61
85+	17	87	0	0	0	0	0	0	17	87	104
TOTALS	48	142	0	0	0	0	0	0	48	142	190

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 002
 LTC PLANNING AREA Henderson/Warren

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	82	0	6	83	0	190
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	82	0	6	83	0	190

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	189	0	0	0	189
Race Unknown	0	0	0	0	0
Total	190	0	0	0	190

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	190	0	0	0	190
Ethnicity Unknown	0	0	0	0	0
Total	190	0	0	0	190

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	11.63
LPN's	32.46
Certified Aides	76.45
Other Health Staff	2.80
Non-Health Staff	71.87
Totals	203.21

HEALTH SERVICE AREA 002
 LTC PLANNING AREA Knox

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	101	361	2	18	182	0	664
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		304	0	0	1	0	305
Sheltered Care			0	0	0	0	0
TOTALS	101	665	2	18	183	0	969

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	173	147
Skilled Under 22	0	0
Intermediate DD	115	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	1	0	1	0	2
Black	13	0	36	0	49
Hawaiian/Pac. Isl.	0	0	0	0	0
White	650	0	266	0	916
Race Unknown	0	0	0	0	0
Total	664	0	305	0	969

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	3	0	9
Non-Hispanic	639	0	302	0	941
Ethnicity Unknown	19	0	0	0	19
Total	664	0	305	0	969

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	11.50
Physicians	0.00
Director of Nursing	10.00
Registered Nurses	50.20
LPN's	118.33
Certified Aides	441.50
Other Health Staff	75.20
Non-Health Staff	302.90
Totals	1009.63

HEALTH SERVICE AREA	002	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	LaSalle	Aggressive/Anti-Social	10
State of Illinois		Chronic Alcoholism	7
TOTAL FACILITIES	17	Developmentally Disabled	10
HOSPITAL BASED UNITS	1	Drug Addiction	10
FREE STANDING FACILITIES	16	Medicaid Recipient	1
FACILITIES LICENSED FOR:		Medicare Recipient	2
NURSING CARE BEDS ONLY	11	Mental Illness	10
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	2
DD CARE BEDS ONLY	4	Non-Mobile	3
MULTI-LICENSED FACILITIES	2	Public Aid Recipient	1
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	2	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	6	Ventilator Dependent	13
FOR PROFIT OWNERSHIP	9	Infectious Disease w/ Isolation	4
		Other Restrictions	1
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	1181

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2006		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	1388	1368	1198	1269	1089	299	894	1070	1195	1900
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	64	64	64	64	61	3		63		
Sheltered Care	42	40	35	40	31	11				1914
TOTAL BEDS	1494	1472	1297	1373	1181	313	894	1133		1181

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	54308	16.6%	188428	48.2%	146995	389731	76.9%	78.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			22918	99.7%	0	22918	98.1%	98.1%	
Sheltered Care					4563	4563	29.8%	31.3%	
TOTALS	54308	16.6%	211346	51.1%	151558	417212	76.5%	77.7%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	2	0	0	18	18	0	0	19	20	39
45 to 59	18	11	0	0	11	10	0	0	29	21	50
60 to 64	17	8	0	0	2	0	0	0	19	8	27
65 to 74	54	58	0	0	0	2	1	1	55	61	116
75 to 84	122	240	0	0	0	0	1	6	123	246	369
85+	119	440	0	0	0	0	5	16	124	456	580
TOTALS	331	759	0	0	31	30	7	23	369	812	1181

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 002
 LTC PLANNING AREA LaSalle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	156	511	3	4	415	0	1089
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		61	0	0	0	0	61
Sheltered Care			0	0	31	0	31
TOTALS	156	572	3	4	446	0	1181

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	149
Skilled Under 22	0	0
Intermediate DD	119	125
Shelter	80	83

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	5	0	3	0	8
Hawaiian/Pac. Isl.	1	0	0	0	1
White	1082	0	58	31	1171
Race Unknown	0	0	0	0	0
Total	1089	0	61	31	1181

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	1	0	4
Non-Hispanic	1086	0	45	31	1162
Ethnicity Unknown	0	0	15	0	15
Total	1089	0	61	31	1181

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	16.25
Physicians	0.00
Director of Nursing	13.00
Registered Nurses	96.42
LPN's	102.16
Certified Aides	473.03
Other Health Staff	117.24
Non-Health Staff	327.23
Totals	1145.33

HEALTH SERVICE AREA		002	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	McDonough		Aggressive/Anti-Social	1	DIAGNOSIS	
State of Illinois			Chronic Alcoholism	2	Neoplasms	8
TOTAL FACILITIES	6		Developmentally Disabled	2	Endocrine/Metabolic	31
HOSPITAL BASED UNITS	1		Drug Addiction	2	Blood Disorders	1
FREE STANDING FACILITIES	5		Medicaid Recipient	1	*Nervous System	64
FACILITIES LICENSED FOR:			Medicare Recipient	0	Alzheimer Disease	34
NURSING CARE BEDS ONLY	6		Mental Illness	3	Mental Illness	24
SHELTERED CARE BEDS ONLY	0		Non-Ambulatory	0	Developmental Disability	5
DD CARE BEDS ONLY	0		Non-Mobile	0	Circulatory System	71
MULTI-LICENSED FACILITIES	0		Public Aid Recipient	1	Respiratory System	18
FACILITIES REPORTED BY OWNERSHIP TYPE			Under 65 Years Old	0	Digestive System	2
GOVERNMENTAL OWNERSHIP	1		Unable to Self-Medicare	0	Genitourinary System Disorders	6
NON-PROFIT OWNERSHIP	2		Ventilator Dependent	1	Skin Disorders	3
FOR PROFIT OWNERSHIP	3		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	24
			Other Restrictions	1	Injuries and Poisonings	4
			No Restrictions	2	Other Medical Conditions	21
					Non-Medical Conditions	0
					TOTALS	316

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	376	370	347	290	316	60	105	311	320	809
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	376	370	347	290	316	60	105	311		813
										316

LEVEL OF CARE	FACILITY UTILIZATION - 2006									
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE									
	Medicare		Medicaid		Other		TOTAL	Licensed Beds		Peak Beds Set Up
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	15301	39.9%	60564	53.4%	40959	116824	85.1%	86.5%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	15301	39.9%	60564	53.4%	40959	116824	85.1%	86.5%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	13	0	0	0	0	0	0	2	13	15
60 to 64	0	6	0	0	0	0	0	0	0	6	6
65 to 74	11	18	0	0	0	0	0	0	11	18	29
75 to 84	24	76	0	0	0	0	0	0	24	76	100
85+	21	145	0	0	0	0	0	0	21	145	166
TOTALS	58	258	0	0	0	0	0	0	58	258	316

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 002
 LTC PLANNING AREA McDonough

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	168	1	0	117	0	316
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	168	1	0	117	0	316

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	208	197
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	312	0	0	0	312
Race Unknown	0	0	0	0	0
Total	316	0	0	0	316

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	316	0	0	0	316
Ethnicity Unknown	0	0	0	0	0
Total	316	0	0	0	316

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	6.00
Physicians	0.00
Director of Nursing	6.00
Registered Nurses	35.80
LPN's	36.45
Certified Aides	133.20
Other Health Staff	60.10
Non-Health Staff	103.60
Totals	381.15

HEALTH SERVICE AREA	002	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Marshall/Stark	Aggressive/Anti-Social	2
State of Illinois		Chronic Alcoholism	1
TOTAL FACILITIES	4	Developmentally Disabled	2
HOSPITAL BASED UNITS	0	Drug Addiction	2
FREE STANDING FACILITIES	4	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	1
NURSING CARE BEDS ONLY	4	Mental Illness	2
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	0	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	1	Ventilator Dependent	3
FOR PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	0
		Other Restrictions	0
		No Restrictions	1
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	349

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	427	411	386	411	349	78	213	353	347	409
Skilled Under 22	0	0	0	0	0	0		0		407
Intermediate DD	0	0	0	0	0	0		0		349
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	427	411	386	411	349	78	213	353		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	12412	16.0%	64834	50.3%	47811	125057	80.2%	83.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	12412	16.0%	64834	50.3%	47811	125057	80.2%	83.4%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	7	0	0	0	0	0	0	4	7	11
45 to 59	9	14	0	0	0	0	0	0	9	14	23
60 to 64	6	9	0	0	0	0	0	0	6	9	15
65 to 74	23	16	0	0	0	0	0	0	23	16	39
75 to 84	36	83	0	0	0	0	0	0	36	83	119
85+	37	105	0	0	0	0	0	0	37	105	142
TOTALS	115	234	0	0	0	0	0	0	115	234	349

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 002
 LTC PLANNING AREA Marshall/Stark

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	35	187	8	4	115	0	349
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	35	187	8	4	115	0	349

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	346	0	0	0	346
Race Unknown	0	0	0	0	0
Total	349	0	0	0	349

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	346	0	0	0	346
Ethnicity Unknown	0	0	0	0	0
Total	349	0	0	0	349

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	21.00
LPN's	31.00
Certified Aides	100.00
Other Health Staff	43.00
Non-Health Staff	52.00
Totals	255.00

HEALTH SERVICE AREA	002	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Peoria	Aggressive/Anti-Social	11
State of Illinois		Chronic Alcoholism	13
TOTAL FACILITIES	24	Developmentally Disabled	6
HOSPITAL BASED UNITS	2	Drug Addiction	15
FREE STANDING FACILITIES	22	Medicaid Recipient	3
FACILITIES LICENSED FOR:		Medicare Recipient	2
NURSING CARE BEDS ONLY	15	Mental Illness	10
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	3
DD CARE BEDS ONLY	7	Non-Mobile	3
MULTI-LICENSED FACILITIES	2	Public Aid Recipient	1
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	2
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	3
NON-PROFIT OWNERSHIP	15	Ventilator Dependent	16
FOR PROFIT OWNERSHIP	8	Infectious Disease w/ Isolation	9
		Other Restrictions	6
		No Restrictions	3
		<i>Note: Reported restrictions denoted by 'I'</i>	
		Non-Medical Conditions	6
		TOTALS	1622

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	1846	1835	1699	1811	1540	306	698	1322	1611	
Skilled Under 22	0	0	0	0	0	0		0	3052	
Intermediate DD	61	61	58	61	56	5		61		
Sheltered Care	33	30	29	30	26	7			3041	
TOTAL BEDS	1940	1926	1786	1902	1622	318	698	1383	1622	

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	58757	23.1%	332029	68.8%	172336	563122	83.6%	84.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			19915	89.4%	0	19915	89.4%	89.4%	
Sheltered Care					9198	9198	76.4%	84.0%	
TOTALS	58757	23.1%	351944	69.7%	181534	592235	83.6%	84.2%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	87	53	0	0	10	9	0	0	97	62	159
45 to 59	164	94	0	0	13	16	0	1	177	111	288
60 to 64	45	40	0	0	1	3	0	0	46	43	89
65 to 74	82	93	0	0	3	0	1	1	83	94	177
75 to 84	96	237	0	0	3	0	0	6	99	243	342
85+	87	462	0	0	0	1	5	12	92	475	567
TOTALS	561	979	0	0	27	29	6	20	594	1028	1622

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 002
LTC PLANNING AREA Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	146	942	15	57	380	0	1540
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		56	0	0	0	0	56
Sheltered Care			0	2	24	0	26
TOTALS	146	998	15	59	404	0	1622

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	211	183
Skilled Under 22	0	0
Intermediate DD	179	109
Shelter	131	119

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	2	0	0	0	2
Black	138	0	8	0	146
Hawaiian/Pac. Isl.	0	0	0	0	0
White	1387	0	48	26	1461
Race Unknown	13	0	0	0	13
Total	1540	0	56	26	1622

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	1348	0	56	26	1430
Ethnicity Unknown	186	0	0	0	186
Total	1540	0	56	26	1622

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	26.00
Physicians	0.00
Director of Nursing	17.00
Registered Nurses	108.76
LPN's	179.82
Certified Aides	603.13
Other Health Staff	129.90
Non-Health Staff	424.20
Totals	1488.81

HEALTH SERVICE AREA	002	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Tazewell	Aggressive/Anti-Social	8
State of Illinois		Chronic Alcoholism	13
TOTAL FACILITIES	20	Developmentally Disabled	4
HOSPITAL BASED UNITS	1	Drug Addiction	14
FREE STANDING FACILITIES	19	Medicaid Recipient	2
FACILITIES LICENSED FOR:		Medicare Recipient	3
NURSING CARE BEDS ONLY	12	Mental Illness	9
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	3
DD CARE BEDS ONLY	7	Non-Mobile	4
MULTI-LICENSED FACILITIES	1	Public Aid Recipient	1
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	9	Ventilator Dependent	15
FOR PROFIT OWNERSHIP	11	Infectious Disease w/ Isolation	7
		Other Restrictions	1
		No Restrictions	2
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	1279

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2006		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	1396	1315	1224	1314	1082	314	936	1230	1259	2302
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	194	194	192	194	185	9		194		2282
Sheltered Care	26	24	24	24	12	14				1279
TOTAL BEDS	1616	1533	1440	1532	1279	337	936	1424		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	55713	16.3%	199317	44.4%	139135	394165	77.4%	82.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			67218	94.9%	75	67293	95.0%	95.0%	
Sheltered Care					4844	4844	51.0%	55.3%	
TOTALS	55713	16.3%	266535	51.3%	144054	466302	79.1%	83.3%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	3	0	0	47	50	0	0	54	53	107
45 to 59	29	26	0	0	28	31	0	0	57	57	114
60 to 64	11	34	0	0	3	7	0	0	14	41	55
65 to 74	59	85	0	0	1	10	0	0	65	95	160
75 to 84	96	252	0	0	1	1	1	4	98	257	355
85+	94	386	0	0	0	1	2	5	96	392	488
TOTALS	296	786	0	0	85	100	3	9	384	895	1279

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 002
LTC PLANNING AREA Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	166	554	5	24	333	0	1082
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		184	0	0	1	0	185
Sheltered Care			0	0	12	0	12
TOTALS	166	738	5	24	346	0	1279

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	174
Skilled Under 22	0	0
Intermediate DD	117	125
Shelter	122	108

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	36	0	4	0	40
Hawaiian/Pac. Isl.	0	0	0	0	0
White	1045	0	181	12	1238
Race Unknown	0	0	0	0	0
Total	1082	0	185	12	1279

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	982	0	185	12	1179
Ethnicity Unknown	95	0	0	0	95
Total	1082	0	185	12	1279

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	16.82
Physicians	0.03
Director of Nursing	15.00
Registered Nurses	101.80
LPN's	150.17
Certified Aides	545.51
Other Health Staff	107.43
Non-Health Staff	402.62
Totals	1339.38

HEALTH SERVICE AREA	002	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Woodford	Aggressive/Anti-Social	5
State of Illinois		Chronic Alcoholism	3
TOTAL FACILITIES	7	Developmentally Disabled	3
HOSPITAL BASED UNITS	0	Drug Addiction	4
FREE STANDING FACILITIES	7	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	4	Mental Illness	4
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	0	Non-Mobile	0
MULTI-LICENSED FACILITIES	3	Public Aid Recipient	1
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	1
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	4	Ventilator Dependent	3
FOR PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	1
		Other Restrictions	0
		No Restrictions	2
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	585

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	601	598	579	591	544	57	376	601	580	422
Skilled Under 22	0	0	0	0	0	0		0		417
Intermediate DD	0	0	0	0	0	0		0		585
Sheltered Care	58	57	67	57	41	17				
TOTAL BEDS	659	655	646	648	585	74	376	601		

LEVEL OF CARE	FACILITY UTILIZATION - 2006									
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE									
	Medicare		Medicaid		Other		TOTAL	Licensed Beds		Peak Beds Set Up
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	Occ. Pct.
Nursing Care	12132	8.8%	97272	44.3%	89826	199230	90.8%	91.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					16991	16991	80.3%	81.7%		
TOTALS	12132	8.8%	97272	44.3%	106817	216221	89.9%	90.4%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	13	6	0	0	0	0	0	0	13	6	19
45 to 59	27	22	0	0	0	0	0	0	27	22	49
60 to 64	7	8	0	0	0	0	0	0	7	8	15
65 to 74	18	26	0	0	0	0	0	1	18	27	45
75 to 84	42	101	0	0	0	0	0	9	42	110	152
85+	62	216	0	0	0	0	3	24	65	240	305
TOTALS	169	379	0	0	0	0	3	34	172	413	585

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 002
 LTC PLANNING AREA Woodford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	256	0	7	248	0	544
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	41	0	41
TOTALS	33	256	0	7	289	0	585

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	156
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	119	100

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	541	0	0	41	582
Race Unknown	0	0	0	0	0
Total	544	0	0	41	585

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	473	0	0	22	495
Ethnicity Unknown	71	0	0	19	90
Total	544	0	0	41	585

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	0.00
Director of Nursing	8.00
Registered Nurses	47.00
LPN's	56.00
Certified Aides	236.00
Other Health Staff	32.00
Non-Health Staff	204.00
Totals	591.00

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Adams	Aggressive/Anti-Social	8
State of Illinois		Chronic Alcoholism	7
TOTAL FACILITIES	11	Developmentally Disabled	5
HOSPITAL BASED UNITS	1	Drug Addiction	7
FREE STANDING FACILITIES	10	Medicaid Recipient	1
FACILITIES LICENSED FOR:		Medicare Recipient	3
NURSING CARE BEDS ONLY	6	Mental Illness	4
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	2	Non-Mobile	0
MULTI-LICENSED FACILITIES	3	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	1
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	7	Ventilator Dependent	6
FOR PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	2
		Other Restrictions	0
		No Restrictions	2
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	1275

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	1499	1482	1222	1472	1136	363	201	914	1370	
Skilled Under 22	0	0	0	0	0	0		0	1205	
Intermediate DD	32	32	32	32	32	0		32	1300	
Sheltered Care	260	229	109	214	107	153			1275	
TOTAL BEDS	1791	1743	1363	1718	1275	516	201	946		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days				
Nursing Care	25151	34.3%	143656	43.1%	212949	381756	69.8%	70.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			11558	99.0%	0	11558	99.0%	99.0%	
Sheltered Care					30282	30282	31.9%	36.2%	
TOTALS	25151	34.3%	155214	45.0%	243231	423596	64.8%	66.6%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	4	5	0	0	6	7	13
45 to 59	39	10	0	0	7	6	1	0	47	16	63
60 to 64	38	11	0	0	1	1	5	0	44	12	56
65 to 74	52	49	0	0	1	4	11	2	66	55	121
75 to 84	201	166	0	0	1	0	19	29	221	195	416
85+	199	356	0	0	0	0	9	42	208	398	606
TOTALS	531	594	0	0	16	16	45	73	592	683	1275

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 003
LTC PLANNING AREA Adams

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	70	363	0	34	669	0	1136
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		32	0	0	0	0	32
Sheltered Care			0	0	107	0	107
TOTALS	70	395	0	34	776	0	1275

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	170
Skilled Under 22	0	0
Intermediate DD	114	0
Shelter	104	76

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	25	0	1	1	27
Hawaiian/Pac. Isl.	0	0	0	0	0
White	1111	0	31	106	1248
Race Unknown	0	0	0	0	0
Total	1136	0	32	107	1275

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	1136	0	31	107	1274
Ethnicity Unknown	0	0	0	0	0
Total	1136	0	32	107	1275

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.50
Physicians	4.00
Director of Nursing	10.00
Registered Nurses	93.20
LPN's	223.80
Certified Aides	471.11
Other Health Staff	53.95
Non-Health Staff	574.03
Totals	1440.58

HEALTH SERVICE AREA		003	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Brown/Schuyler		Aggressive/Anti-Social	2	DIAGNOSIS	
State of Illinois			Chronic Alcoholism	2	Neoplasms	1
TOTAL FACILITIES	3		Developmentally Disabled	2	Endocrine/Metabolic	9
HOSPITAL BASED UNITS	1		Drug Addiction	2	Blood Disorders	1
FREE STANDING FACILITIES	2		Medicaid Recipient	1	*Nervous System	10
FACILITIES LICENSED FOR:			Medicare Recipient	1	Alzheimer Disease	20
NURSING CARE BEDS ONLY	3		Mental Illness	2	Mental Illness	8
SHELTERED CARE BEDS ONLY	0		Non-Ambulatory	0	Developmental Disability	2
DD CARE BEDS ONLY	0		Non-Mobile	0	Circulatory System	33
MULTI-LICENSED FACILITIES	0		Public Aid Recipient	1	Respiratory System	11
FACILITIES REPORTED BY OWNERSHIP TYPE			Under 65 Years Old	0	Digestive System	6
GOVERNMENTAL OWNERSHIP	1		Unable to Self-Medicare	0	Genitourinary System Disorders	4
NON-PROFIT OWNERSHIP	0		Ventilator Dependent	2	Skin Disorders	0
FOR PROFIT OWNERSHIP	2		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	10
			Other Restrictions	1	Injuries and Poisonings	15
			No Restrictions	0	Other Medical Conditions	9
					Non-Medical Conditions	11
					TOTALS	150

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	216	205	165	205	150	66	104	186	141	160
Skilled Under 22	0	0	0	0	0	0		0		151
Intermediate DD	0	0	0	0	0	0		0		150
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	216	205	165	205	150	66	104	186		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	3435	9.0%	28818	42.4%	16764	49017	62.2%	65.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3435	9.0%	28818	42.4%	16764	49017	62.2%	65.5%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	2	4	0	0	0	0	0	0	2	4	6
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	7	6	0	0	0	0	0	0	7	6	13
75 to 84	18	36	0	0	0	0	0	0	18	36	54
85+	16	59	0	0	0	0	0	0	16	59	75
TOTALS	44	106	0	0	0	0	0	0	44	106	150

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 003
LTC PLANNING AREA Brown/Schuyler

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	79	0	0	60	0	150
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	79	0	0	60	0	150

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	107
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	150	0	0	0	150
Race Unknown	0	0	0	0	0
Total	150	0	0	0	150

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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	4.00
LPN's	23.25
Certified Aides	59.50
Other Health Staff	2.00
Non-Health Staff	47.00
Totals	141.75

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Calhoun/Pike	Aggressive/Anti-Social	3
State of Illinois		Chronic Alcoholism	3
TOTAL FACILITIES	5	Developmentally Disabled	2
HOSPITAL BASED UNITS	0	Drug Addiction	3
FREE STANDING FACILITIES	5	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	1
NURSING CARE BEDS ONLY	4	Mental Illness	2
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	1	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	1	Ventilator Dependent	3
FOR PROFIT OWNERSHIP	4	Infectious Disease w/ Isolation	1
		Other Restrictions	0
		No Restrictions	1
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	284

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	329	329	290	329	268	61	329	329	262	469
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	16	16	16	16	16	0		16		447
Sheltered Care	0	0	0	0	0	0				284
TOTAL BEDS	345	345	306	345	284	61	329	345		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE		Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Pat. days	TOTAL Pat. days				
Nursing Care	11516	9.6%	56167	46.8%	29892	97575	81.3%	81.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5475	93.8%	365	5840	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	11516	9.6%	61642	49.0%	30257	103415	82.1%	82.1%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	4	0	0	2	4	6
45 to 59	4	7	0	0	1	6	0	0	5	13	18
60 to 64	3	2	0	0	0	1	0	0	3	3	6
65 to 74	9	15	0	0	0	0	0	0	10	15	25
75 to 84	18	67	0	0	0	1	0	0	18	68	86
85+	24	119	0	0	0	0	0	0	24	119	143
TOTALS	58	210	0	0	4	12	0	0	62	222	284

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 003
 LTC PLANNING AREA Calhoun/Pike

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	155	0	0	87	0	268
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		15	0	0	1	0	16
Sheltered Care			0	0	0	0	0
TOTALS	26	170	0	0	88	0	284

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	132	108
Skilled Under 22	0	0
Intermediate DD	115	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	268	0	16	0	284
Race Unknown	0	0	0	0	0
Total	268	0	16	0	284

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	268	0	16	0	284
Ethnicity Unknown	0	0	0	0	0
Total	268	0	16	0	284

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.25
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	10.00
LPN's	36.00
Certified Aides	120.40
Other Health Staff	26.75
Non-Health Staff	52.80
Totals	254.20

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Cass	Aggressive/Anti-Social	1
State of Illinois		Chronic Alcoholism	3
TOTAL FACILITIES	4	Developmentally Disabled	1
HOSPITAL BASED UNITS	0	Drug Addiction	3
FREE STANDING FACILITIES	4	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	1
NURSING CARE BEDS ONLY	3	Mental Illness	0
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	1	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	1	Ventilator Dependent	3
FOR PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	1
		Other Restrictions	0
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	189

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	221	219	179	198	173	48	221	221	191	194
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	16	16	16	16	16	0		16		196
Sheltered Care	0	0	0	0	0	0				189
TOTAL BEDS	237	235	195	214	189	48	221	237		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	5053	6.3%	36024	44.7%	21264	62341	77.3%	78.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5053	6.3%	41864	48.4%	21264	68181	78.8%	79.5%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	6	5	0	0	6	6	12
45 to 59	1	2	0	0	4	1	0	0	5	3	8
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	11	53	0	0	0	0	0	0	11	53	64
85+	17	69	0	0	0	0	0	0	17	69	86
TOTALS	36	137	0	0	10	6	0	0	46	143	189

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 003
 LTC PLANNING AREA Cass

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	100	0	3	57	0	173
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	13	116	0	3	57	0	189

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	125
Skilled Under 22	0	0
Intermediate DD	112	112
Shelter	0	127

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	173	0	13	0	186
Race Unknown	0	0	0	0	0
Total	173	0	16	0	189

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	125	0	16	0	141
Ethnicity Unknown	48	0	0	0	48
Total	173	0	16	0	189

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.25
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	8.00
LPN's	31.00
Certified Aides	79.50
Other Health Staff	19.00
Non-Health Staff	44.00
Totals	189.75

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Christian	Aggressive/Anti-Social	DIAGNOSIS
State of Illinois		Chronic Alcoholism	Neoplasms 5
TOTAL FACILITIES	8	Developmentally Disabled	Endocrine/Metabolic 28
HOSPITAL BASED UNITS	1	Drug Addiction	Blood Disorders 2
FREE STANDING FACILITIES	7	Medicaid Recipient	*Nervous System 27
FACILITIES LICENSED FOR:		Medicare Recipient	Alzheimer Disease 37
NURSING CARE BEDS ONLY	5	Mental Illness	Mental Illness 31
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	Developmental Disability 51
DD CARE BEDS ONLY	3	Non-Mobile	Circulatory System 106
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	Respiratory System 41
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	Digestive System 5
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	Genitourinary System Disorders 12
NON-PROFIT OWNERSHIP	4	Ventilator Dependent	Skin Disorders 1
FOR PROFIT OWNERSHIP	4	Infectious Disease w/ Isolation	Musculo-skeletal Disorders 23
		Other Restrictions	Injuries and Poisonings 17
		No Restrictions	Other Medical Conditions 7
			Non-Medical Conditions 0
			TOTALS 393

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	516	489	400	459	349	167	316	520	405	
Skilled Under 22	0	0	0	0	0	0		0	616	
Intermediate DD	48	48	47	48	44	4		48	628	
Sheltered Care	0	0	0	0	0	0			393	
TOTAL BEDS	564	537	447	507	393	171	316	568		

LEVEL OF CARE	FACILITY UTILIZATION - 2006									
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE									
	Medicare		Medicaid		Other		TOTAL	Licensed Beds		Peak Beds Set Up
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	Occ. Pct.
Nursing Care	18539	16.1%	77238	40.7%	35365	131142	69.6%	73.5%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			16119	92.0%	110	16229	92.6%	92.6%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	18539	16.1%	93357	45.0%	35475	147371	71.6%	75.2%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	2	0	0	10	13	0	0	15	15	30
45 to 59	10	8	0	0	7	8	0	0	17	16	33
60 to 64	4	5	0	0	1	1	0	0	5	6	11
65 to 74	14	22	0	0	0	1	0	0	17	23	40
75 to 84	31	61	0	0	0	0	0	0	31	61	92
85+	37	150	0	0	0	0	0	0	37	150	187
TOTALS	101	248	0	0	21	23	0	0	122	271	393

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 003
 LTC PLANNING AREA Christian

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	46	219	0	0	84	0	349
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		43	0	0	1	0	44
Sheltered Care			0	0	0	0	0
TOTALS	46	262	0	0	85	0	393

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	135
Skilled Under 22	0	0
Intermediate DD	171	116
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	4	0	8
Hawaiian/Pac. Isl.	1	0	0	0	1
White	344	0	40	0	384
Race Unknown	0	0	0	0	0
Total	349	0	44	0	393

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	278	0	43	0	321
Ethnicity Unknown	71	0	0	0	71
Total	349	0	44	0	393

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.60
Physicians	0.00
Director of Nursing	5.00
Registered Nurses	15.79
LPN's	54.77
Certified Aides	150.62
Other Health Staff	37.60
Non-Health Staff	115.66
Totals	385.04

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Greene	Aggressive/Anti-Social	1	DIAGNOSIS
State of Illinois		Chronic Alcoholism	1	Neoplasms
TOTAL FACILITIES	2	Developmentally Disabled	1	Endocrine/Metabolic
HOSPITAL BASED UNITS	1	Drug Addiction	1	Blood Disorders
FREE STANDING FACILITIES	1	Medicaid Recipient	0	*Nervous System
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease
NURSING CARE BEDS ONLY	2	Mental Illness	0	Mental Illness
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability
DD CARE BEDS ONLY	0	Non-Mobile	0	Circulatory System
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0	Respiratory System
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0	Digestive System
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0	Genitourinary System Disorders
NON-PROFIT OWNERSHIP	1	Ventilator Dependent	2	Skin Disorders
FOR PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders
		Other Restrictions	0	Injuries and Poisonings
		No Restrictions	0	Other Medical Conditions
				Non-Medical Conditions
				TOTALS
				111

Note: Reported restrictions denoted by '1'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	159	154	127	154	111	48	119	159	121	117
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	159	154	127	154	111	48	119	159		127

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds		Peak Beds Set Up	
	Medicare		Medicaid		Other			Occ. Pct.	Occ. Pct.		
Nursing Care	3766	8.7%	24348	42.0%	14086	42200	72.7%	75.1%			
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%			
Intermediate DD			0	0.0%	0	0	0.0%	0.0%			
Sheltered Care					0	0	0.0%	0.0%			
TOTALS	3766	8.7%	24348	42.0%	14086	42200	72.7%	75.1%			

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	11	15	0	0	0	0	0	0	11	15	26
85+	19	52	0	0	0	0	0	0	19	52	71
TOTALS	37	74	0	0	0	0	0	0	37	74	111

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 003
 LTC PLANNING AREA Greene

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	63	0	1	38	0	111
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	63	0	1	38	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	133	98
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	111	0	0	0	111

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	0	111

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.20
Director of Nursing	3.00
Registered Nurses	3.40
LPN's	15.00
Certified Aides	38.00
Other Health Staff	12.20
Non-Health Staff	20.20
Totals	94.00

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Hancock	Aggressive/Anti-Social	1
State of Illinois		Chronic Alcoholism	1
TOTAL FACILITIES	4	Developmentally Disabled	2
HOSPITAL BASED UNITS	0	Drug Addiction	2
FREE STANDING FACILITIES	4	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	1
NURSING CARE BEDS ONLY	3	Mental Illness	2
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	1	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	1
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	3	Ventilator Dependent	2
FOR PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	1
		Other Restrictions	1
		No Restrictions	1
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	145

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	241	173	142	173	130	111	139	243	156	78
Skilled Under 22	0	0	0	0	0	0		0		89
Intermediate DD	16	16	16	16	15	1		16		145
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	257	189	158	189	145	112	139	259		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days				
Nursing Care	1506	3.0%	32367	36.5%	15363	49236	56.0%	78.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			5475	93.8%	0	5475	93.8%	93.8%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1506	3.0%	37842	40.0%	15363	54711	58.3%	79.3%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	2	0	0	4	2	6
45 to 59	2	1	0	0	4	2	0	0	6	3	9
60 to 64	0	2	0	0	1	2	0	0	1	4	5
65 to 74	2	11	0	0	0	0	0	0	2	11	13
75 to 84	8	29	0	0	0	0	0	0	8	29	37
85+	20	55	0	0	0	0	0	0	20	55	75
TOTALS	32	98	0	0	9	6	0	0	41	104	145

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 003
 LTC PLANNING AREA Hancock

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	92	2	0	32	0	130
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	4	107	2	0	32	0	145

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	148	128
Skilled Under 22	0	0
Intermediate DD	110	110
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	128	0	15	0	143
Race Unknown	0	0	0	0	0
Total	130	0	15	0	145

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	130	0	15	0	145
Ethnicity Unknown	0	0	0	0	0
Total	130	0	15	0	145

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.25
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	9.10
LPN's	16.40
Certified Aides	61.80
Other Health Staff	3.00
Non-Health Staff	37.30
Totals	133.85

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Jersey	Aggressive/Anti-Social	1
State of Illinois		Chronic Alcoholism	1
TOTAL FACILITIES	4	Developmentally Disabled	0
HOSPITAL BASED UNITS	0	Drug Addiction	1
FREE STANDING FACILITIES	4	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	1
NURSING CARE BEDS ONLY	3	Mental Illness	0
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	1	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	1	Ventilator Dependent	2
FOR PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	1
		Other Restrictions	0
		No Restrictions	2
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	273

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	291	291	283	291	257	34	193	291	273	247
Skilled Under 22	0	0	0	0	0	0		0		247
Intermediate DD	16	16	16	16	16	0		16		273
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	307	307	299	307	273	34	193	307		

LEVEL OF CARE	FACILITY UTILIZATION - 2006									
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.	
	Medicare		Medicaid		Other					
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	12299	17.5%	46922	44.2%	28397	87618	82.5%	82.5%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	12299	17.5%	52762	47.1%	28397	93458	83.4%	83.4%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	2	4	0	0	2	5	7
45 to 59	4	4	0	0	7	1	0	0	11	5	16
60 to 64	3	3	0	0	1	1	0	0	4	4	8
65 to 74	16	23	0	0	0	0	0	0	16	23	39
75 to 84	27	55	0	0	0	0	0	0	27	55	82
85+	23	98	0	0	0	0	0	0	23	98	121
TOTALS	73	184	0	0	10	6	0	0	83	190	273

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 003
 LTC PLANNING AREA Jersey

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	43	137	0	0	77	0	257
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	43	153	0	0	77	0	273

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	107
Skilled Under 22	0	0
Intermediate DD	111	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	257	0	15	0	272
Race Unknown	0	0	0	0	0
Total	257	0	16	0	273

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	257	0	16	0	273
Ethnicity Unknown	0	0	0	0	0
Total	257	0	16	0	273

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.25
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	10.00
LPN's	29.00
Certified Aides	102.30
Other Health Staff	6.70
Non-Health Staff	103.70
Totals	257.95

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Logan	Aggressive/Anti-Social	6
State of Illinois		Chronic Alcoholism	6
TOTAL FACILITIES	8	Developmentally Disabled	2
HOSPITAL BASED UNITS	0	Drug Addiction	6
FREE STANDING FACILITIES	8	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	2
NURSING CARE BEDS ONLY	4	Mental Illness	2
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	4	Non-Mobile	2
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	1
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	1
NON-PROFIT OWNERSHIP	5	Ventilator Dependent	8
FOR PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	4
		Other Restrictions	1
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	446

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	468	459	433	459	384	84	282	461	464	350
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	63	63	63	63	62	1		63		368
Sheltered Care	0	0	0	0	0	0				446
TOTAL BEDS	531	522	496	522	446	85	282	524		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	13561	13.2%	74223	44.1%	55586	143370	83.9%	85.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			22271	96.9%	0	22271	96.9%	96.9%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	13561	13.2%	96494	50.5%	55586	165641	85.5%	86.9%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	4	0	0	13	14	0	0	16	18	34
45 to 59	7	8	0	0	12	8	0	0	19	16	35
60 to 64	0	3	0	0	3	3	0	0	3	6	9
65 to 74	10	26	0	0	2	4	0	0	12	30	42
75 to 84	29	104	0	0	2	1	0	0	31	105	136
85+	47	143	0	0	0	0	0	0	47	143	190
TOTALS	96	288	0	0	32	30	0	0	128	318	446

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 003
 LTC PLANNING AREA Logan

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	41	200	0	0	143	0	384
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		62	0	0	0	0	62
Sheltered Care			0	0	0	0	0
TOTALS	41	262	0	0	143	0	446

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	151	134
Skilled Under 22	0	0
Intermediate DD	167	112
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	1	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	380	0	61	0	441
Race Unknown	0	0	0	0	0
Total	384	0	62	0	446

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	384	0	62	0	446
Ethnicity Unknown	0	0	0	0	0
Total	384	0	62	0	446

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.68
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	18.64
LPN's	68.00
Certified Aides	175.65
Other Health Staff	19.26
Non-Health Staff	146.04
Totals	437.27

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Macoupin	Aggressive/Anti-Social	4
State of Illinois		Chronic Alcoholism	3
TOTAL FACILITIES	9	Developmentally Disabled	5
HOSPITAL BASED UNITS	0	Drug Addiction	5
FREE STANDING FACILITIES	9	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	2
NURSING CARE BEDS ONLY	8	Mental Illness	3
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	1
DD CARE BEDS ONLY	1	Non-Mobile	1
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	1
NON-PROFIT OWNERSHIP	2	Ventilator Dependent	7
FOR PROFIT OWNERSHIP	7	Infectious Disease w/ Isolation	1
		Other Restrictions	0
		No Restrictions	1
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	565

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	744	723	593	657	549	195	520	742	546	590
Skilled Under 22	0	0	0	0	0	0		0		571
Intermediate DD	16	16	16	16	16	0		16		565
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	760	739	609	673	565	195	520	758		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	21527	11.3%	115524	42.7%	64597	201648	74.3%	76.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			5589	95.7%	0	5589	95.7%	95.7%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	21527	11.3%	121113	43.8%	64597	207237	74.7%	76.8%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	1	0	0	0	1	1
18 to 44	1	1	0	0	6	5	0	0	7	6	13
45 to 59	10	5	0	0	2	1	0	0	12	6	18
60 to 64	9	17	0	0	0	1	0	0	9	18	27
65 to 74	32	39	0	0	0	0	0	0	32	39	71
75 to 84	41	147	0	0	0	0	0	0	41	147	188
85+	43	204	0	0	0	0	0	0	43	204	247
TOTALS	136	413	0	0	8	8	0	0	144	421	565

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 003
 LTC PLANNING AREA Macoupin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	56	316	0	2	175	0	549
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	56	332	0	2	175	0	565

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	136	117
Skilled Under 22	0	0
Intermediate DD	0	114
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	546	0	16	0	562
Race Unknown	0	0	0	0	0
Total	549	0	16	0	565

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	549	0	16	0	565
Ethnicity Unknown	0	0	0	0	0
Total	549	0	16	0	565

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.25
Physicians	0.00
Director of Nursing	8.00
Registered Nurses	24.89
LPN's	59.21
Certified Aides	180.26
Other Health Staff	22.00
Non-Health Staff	179.71
Totals	482.32

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Mason	Aggressive/Anti-Social	1
State of Illinois		Chronic Alcoholism	1
TOTAL FACILITIES	2	Developmentally Disabled	0
HOSPITAL BASED UNITS	0	Drug Addiction	1
FREE STANDING FACILITIES	2	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	1	Mental Illness	1
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	0	Non-Mobile	0
MULTI-LICENSED FACILITIES	1	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	1	Ventilator Dependent	1
FOR PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	0
		Other Restrictions	0
		No Restrictions	1
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	151

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	164	160	147	160	136	28	84	164	142	200
Skilled Under 22	0	0	0	0	0	0		0		191
Intermediate DD	0	0	0	0	0	0		0		151
Sheltered Care	31	31	16	16	15	16				
TOTAL BEDS	195	191	163	176	151	44	84	164		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	4573	14.9%	28838	48.2%	14051	47462	79.3%	81.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					5457	5457	48.2%	48.2%	
TOTALS	4573	14.9%	28838	48.2%	19508	52919	74.4%	75.9%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	7	4	0	0	0	0	0	0	7	4	11
75 to 84	16	28	0	0	0	0	1	2	17	30	47
85+	16	58	0	0	0	0	2	10	18	68	86
TOTALS	43	93	0	0	0	0	3	12	46	105	151

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 003
 LTC PLANNING AREA Mason

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	82	0	0	36	0	136
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	15	0	15
TOTALS	18	82	0	0	51	0	151

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	127	108
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	91	73

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	136	0	0	15	151
Race Unknown	0	0	0	0	0
Total	136	0	0	15	151

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	60	0	0	15	75
Total	136	0	0	15	151

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	8.00
LPN's	20.00
Certified Aides	53.00
Other Health Staff	9.00
Non-Health Staff	49.00
Totals	143.00

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Menard	Aggressive/Anti-Social	2
State of Illinois		Chronic Alcoholism	1
TOTAL FACILITIES	2	Developmentally Disabled	2
HOSPITAL BASED UNITS	0	Drug Addiction	2
FREE STANDING FACILITIES	2	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	2	Mental Illness	2
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	0	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	0	Ventilator Dependent	2
FOR PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	0
		Other Restrictions	0
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	138

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	192	184	146	184	138	54	30	192	138	134
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0				138
TOTAL BEDS	192	184	146	184	138	54	30	192		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE		Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Pat. days	TOTAL Pat. days				
Nursing Care	5658	51.7%	27770	39.6%	16134	49562	70.7%	73.8%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	5658	51.7%	27770	39.6%	16134	49562	70.7%	73.8%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	18	25	0	0	0	0	0	0	18	25	43
85+	16	65	0	0	0	0	0	0	16	65	81
TOTALS	40	98	0	0	0	0	0	0	40	98	138

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 003
 LTC PLANNING AREA Menard

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	76	0	0	44	0	138
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	76	0	0	44	0	138

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	133	122
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	135	0	0	0	135
Race Unknown	0	0	0	0	0
Total	138	0	0	0	138

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	137	0	0	0	137
Ethnicity Unknown	0	0	0	0	0
Total	138	0	0	0	138

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	8.00
LPN's	20.50
Certified Aides	53.50
Other Health Staff	11.50
Non-Health Staff	48.00
Totals	145.50

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Montgomery	Aggressive/Anti-Social	5
State of Illinois		Chronic Alcoholism	5
TOTAL FACILITIES	9	Developmentally Disabled	6
HOSPITAL BASED UNITS	2	Drug Addiction	7
FREE STANDING FACILITIES	7	Medicaid Recipient	1
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	8	Mental Illness	4
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	1
DD CARE BEDS ONLY	1	Non-Mobile	1
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	1
NON-PROFIT OWNERSHIP	2	Ventilator Dependent	8
FOR PROFIT OWNERSHIP	6	Infectious Disease w/ Isolation	2
		Other Restrictions	2
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	477

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	680	615	545	601	462	218	330	610	495	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	959	Total Discharges 2006
Intermediate DD	16	16	15	16	15	1		16	977	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0			477	
TOTAL BEDS	696	631	560	617	477	219	330	626		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	21394	17.8%	108280	48.6%	46701	176375	71.1%	78.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			5236	89.7%	151	5387	92.2%	92.2%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	21394	17.8%	113516	49.7%	46852	181762	71.5%	78.9%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	8	6	0	0	5	4	0	0	13	10	23
45 to 59	23	15	0	0	3	3	0	0	26	18	44
60 to 64	11	10	0	0	0	0	0	0	11	10	21
65 to 74	26	37	0	0	0	0	0	0	26	37	63
75 to 84	29	79	0	0	0	0	0	0	29	79	108
85+	43	175	0	0	0	0	0	0	43	175	218
TOTALS	140	322	0	0	8	7	0	0	148	329	477

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 003
 LTC PLANNING AREA Montgomery

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	288	0	0	135	0	462
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	39	303	0	0	135	0	477

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	141	118
Skilled Under 22	0	0
Intermediate DD	105	105
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	458	0	15	0	473
Race Unknown	0	0	0	0	0
Total	462	0	15	0	477

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	443	0	15	0	458
Ethnicity Unknown	19	0	0	0	19
Total	462	0	15	0	477

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.49
Physicians	0.00
Director of Nursing	8.00
Registered Nurses	28.85
LPN's	67.51
Certified Aides	215.53
Other Health Staff	42.29
Non-Health Staff	122.94
Totals	492.61

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Morgan/Scott	Aggressive/Anti-Social	10
State of Illinois		Chronic Alcoholism	8
TOTAL FACILITIES	13	Developmentally Disabled	2
HOSPITAL BASED UNITS	0	Drug Addiction	9
FREE STANDING FACILITIES	13	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	5
NURSING CARE BEDS ONLY	6	Mental Illness	1
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	1
DD CARE BEDS ONLY	6	Non-Mobile	1
MULTI-LICENSED FACILITIES	1	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	6	Ventilator Dependent	11
FOR PROFIT OWNERSHIP	6	Infectious Disease w/ Isolation	5
		Other Restrictions	0
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	574

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2006		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	722	735	584	716	503	219	356	730	599	411
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	64	64	64	64	64	0		64		
Sheltered Care	24	24	15	24	7	17				
TOTAL BEDS	810	823	663	804	574	236	356	794		436

LEVEL OF CARE	FACILITY UTILIZATION - 2006						BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE		Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Pat. days	TOTAL Pat. days				
Nursing Care	21296	16.4%	120285	45.1%	49390	190971		72.5%	71.2%	
Skilled Under 22			0	0.0%	0	0		0.0%	0.0%	
Intermediate DD			23173	99.2%	0	23173		99.2%	99.2%	
Sheltered Care					3821	3821		43.6%	43.6%	
TOTALS	21296	16.4%	143458	49.5%	53211	217965		73.7%	72.6%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	3	0	0	25	8	0	0	32	11	43
45 to 59	34	22	0	0	19	4	0	0	53	26	79
60 to 64	6	18	0	0	1	0	0	0	7	18	25
65 to 74	29	35	0	0	1	0	0	0	33	35	68
75 to 84	31	86	0	0	1	1	0	0	32	87	119
85+	37	195	0	0	0	1	2	5	39	201	240
TOTALS	144	359	0	0	50	14	2	5	196	378	574

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 003
 LTC PLANNING AREA Morgan/Scott

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	53	314	0	0	136	0	503
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		64	0	0	0	0	64
Sheltered Care			0	0	7	0	7
TOTALS	53	378	0	0	143	0	574

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	117
Skilled Under 22	0	0
Intermediate DD	159	117
Shelter	132	102

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	24	0	6	0	30
Hawaiian/Pac. Isl.	0	0	0	0	0
White	479	0	58	7	544
Race Unknown	0	0	0	0	0
Total	503	0	64	7	574

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	5	0	7
Non-Hispanic	501	0	59	7	567
Ethnicity Unknown	0	0	0	0	0
Total	503	0	64	7	574

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	9.25
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	17.50
LPN's	82.00
Certified Aides	230.30
Other Health Staff	32.31
Non-Health Staff	151.95
Totals	530.31

HEALTH SERVICE AREA 003
LTC PLANNING AREA Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	135	482	0	12	354	0	983
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		167	1	0	1	0	169
Sheltered Care			0	0	111	0	111
TOTALS	135	649	1	12	466	0	1263

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	213	175
Skilled Under 22	0	0
Intermediate DD	110	118
Shelter	117	110

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	1	0	2
Amer. Indian	0	0	0	0	0
Black	90	0	14	0	104
Hawaiian/Pac. Isl.	1	0	0	0	1
White	890	0	154	111	1155
Race Unknown	1	0	0	0	1
Total	983	0	169	112	1263

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	1	2
Non-Hispanic	981	0	169	110	1260
Ethnicity Unknown	1	0	0	0	1
Total	983	0	169	111	1263

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	14.50
Physicians	0.00
Director of Nursing	14.00
Registered Nurses	67.84
LPN's	184.30
Certified Aides	480.80
Other Health Staff	86.02
Non-Health Staff	410.08
Totals	1257.54

HEALTH SERVICE AREA		004	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Champaign		Aggressive/Anti-Social	7	DIAGNOSIS	
State of Illinois			Chronic Alcoholism	7	Neoplasms	19
TOTAL FACILITIES	11		Developmentally Disabled	3	Endocrine/Metabolic	57
HOSPITAL BASED UNITS	0		Drug Addiction	8	Blood Disorders	13
FREE STANDING FACILITIES	11		Medicaid Recipient	1	*Nervous System	48
FACILITIES LICENSED FOR:			Medicare Recipient	0	Alzheimer Disease	142
NURSING CARE BEDS ONLY	6		Mental Illness	3	Mental Illness	46
SHELTERED CARE BEDS ONLY	0		Non-Ambulatory	0	Developmental Disability	143
DD CARE BEDS ONLY	2		Non-Mobile	0	Circulatory System	176
MULTI-LICENSED FACILITIES	3		Public Aid Recipient	1	Respiratory System	58
FACILITIES REPORTED BY OWNERSHIP TYPE			Under 65 Years Old	0	Digestive System	29
GOVERNMENTAL OWNERSHIP	1		Unable to Self-Medicare	0	Genitourinary System Disorders	24
NON-PROFIT OWNERSHIP	4		Ventilator Dependent	11	Skin Disorders	11
FOR PROFIT OWNERSHIP	6		Infectious Disease w/ Isolation	2	Musculo-skeletal Disorders	65
			Other Restrictions	0	Injuries and Poisonings	36
			No Restrictions	0	Other Medical Conditions	91
					Non-Medical Conditions	0
					TOTALS	958

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	984	957	849	957	786	198	859	820	959	1954
Skilled Under 22	123	123	115	123	110	13		123		
Intermediate DD	32	32	32	32	32	0		32		
Sheltered Care	74	50	39	40	30	44				958
TOTAL BEDS	1213	1162	1035	1152	958	255	859	975		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days				
Nursing Care	37405	11.9%	143883	48.1%	107704	288992	80.5%	82.7%	
Skilled Under 22			40897	91.1%	730	41627	92.7%	92.7%	
Intermediate DD			11227	96.1%	0	11227	96.1%	96.1%	
Sheltered Care					12299	12299	45.5%	67.4%	
TOTALS	37405	11.9%	196007	55.1%	120733	354145	80.0%	83.5%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	15	12	0	0	0	0	15	12	27
18 to 44	5	2	36	33	11	6	0	0	52	41	93
45 to 59	23	17	5	4	6	5	0	0	34	26	60
60 to 64	13	11	1	2	1	1	0	0	15	14	29
65 to 74	35	53	2	0	0	1	0	1	37	55	92
75 to 84	72	174	0	0	0	1	1	7	73	182	255
85+	63	318	0	0	0	0	6	15	69	333	402
TOTALS	211	575	59	51	18	14	7	23	295	663	958

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 004
 LTC PLANNING AREA Champaign

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	99	387	4	23	273	0	786
Skilled Under 22	0	108	0	0	2	0	110
ICF/DD		32	0	0	0	0	32
Sheltered Care			0	0	30	0	30
TOTALS	99	527	4	23	305	0	958

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	177	140
Skilled Under 22	200	0
Intermediate DD	250	150
Shelter	160	142

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	5	1	1	0	7
Amer. Indian	0	0	0	0	0
Black	78	23	4	0	105
Hawaiian/Pac. Isl.	1	0	0	0	1
White	700	86	27	30	843
Race Unknown	2	0	0	0	2
Total	786	110	32	30	958

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	3	1	0	8
Non-Hispanic	782	107	31	30	950
Ethnicity Unknown	0	0	0	0	0
Total	786	110	32	30	958

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.50
Physicians	1.00
Director of Nursing	9.00
Registered Nurses	75.50
LPN's	78.00
Certified Aides	420.00
Other Health Staff	65.00
Non-Health Staff	371.50
Totals	1030.50

HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Clark	Aggressive/Anti-Social	0
State of Illinois		Chronic Alcoholism	0
TOTAL FACILITIES	3	Developmentally Disabled	0
HOSPITAL BASED UNITS	0	Drug Addiction	0
FREE STANDING FACILITIES	3	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	3	Mental Illness	1
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	0	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	2	Ventilator Dependent	2
FOR PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	0
		Other Restrictions	1
		No Restrictions	1
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	201

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	273	259	228	259	201	72	133	273	217	261
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0				277
TOTAL BEDS	273	259	228	259	201	72	133	273		201

LEVEL OF CARE	FACILITY UTILIZATION - 2006									
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.	
	Medicare		Medicaid		Other					
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days						
Nursing Care	5672	11.7%	41307	41.5%	29550	76529	76.8%	81.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	5672	11.7%	41307	41.5%	29550	76529	76.8%	81.0%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	24	42	0	0	0	0	0	0	24	42	66
85+	20	95	0	0	0	0	0	0	20	95	115
TOTALS	52	149	0	0	0	0	0	0	52	149	201

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 004
 LTC PLANNING AREA Clark

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	110	0	2	77	0	201
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	110	0	2	77	0	201

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	136	114
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

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

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	200	0	0	0	200
Ethnicity Unknown	0	0	0	0	0
Total	201	0	0	0	201

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	15.00
LPN's	27.00
Certified Aides	87.00
Other Health Staff	3.00
Non-Health Staff	86.00
Totals	224.00

HEALTH SERVICE AREA		004	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Coles/Cumberland		Aggressive/Anti-Social	6	DIAGNOSIS	
	State of Illinois		Chronic Alcoholism	5	Neoplasms	11
TOTAL FACILITIES	12		Developmentally Disabled	3	Endocrine/Metabolic	31
HOSPITAL BASED UNITS	1		Drug Addiction	5	Blood Disorders	4
FREE STANDING FACILITIES	11		Medicaid Recipient	1	*Nervous System	38
FACILITIES LICENSED FOR:			Medicare Recipient	0	Alzheimer Disease	89
NURSING CARE BEDS ONLY	8		Mental Illness	4	Mental Illness	99
SHELTERED CARE BEDS ONLY	0		Non-Ambulatory	2	Developmental Disability	57
DD CARE BEDS ONLY	3		Non-Mobile	0	Circulatory System	133
MULTI-LICENSED FACILITIES	1		Public Aid Recipient	0	Respiratory System	47
FACILITIES REPORTED BY OWNERSHIP TYPE			Under 65 Years Old	1	Digestive System	15
GOVERNMENTAL OWNERSHIP	0		Unable to Self-Medicare	0	Genitourinary System Disorders	13
NON-PROFIT OWNERSHIP	4		Ventilator Dependent	7	Skin Disorders	2
FOR PROFIT OWNERSHIP	8		Infectious Disease w/ Isolation	3	Musculo-skeletal Disorders	25
			Other Restrictions	1	Injuries and Poisonings	31
			No Restrictions	4	Other Medical Conditions	58
					Non-Medical Conditions	0
					TOTALS	653

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	953	827	709	827	606	347	691	946	640	1028
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	47	47	47	47	47	0		47		
Sheltered Care	1	1	1	1	0	1				
TOTAL BEDS	1001	875	757	875	653	348	691	993		1015

FACILITY UTILIZATION - 2006										
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE										
LEVEL OF CARE	Medicare		Medicaid		Other		TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	26620	10.6%	135892	39.4%	54294	216806	62.3%	71.8%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			16889	98.4%	0	16889	98.4%	98.4%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	26620	10.6%	152781	42.2%	54294	233695	64.0%	73.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	13	9	0	0	11	7	0	0	24	16	40
45 to 59	32	21	0	0	12	7	0	0	44	28	72
60 to 64	18	11	0	0	1	3	0	0	19	14	33
65 to 74	35	43	0	0	0	3	0	0	37	46	83
75 to 84	44	122	0	0	0	1	0	0	44	123	167
85+	42	216	0	0	0	0	0	0	42	216	258
TOTALS	184	422	0	0	26	21	0	0	210	443	653

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 004
 LTC PLANNING AREA Coles/Cumberland

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	67	387	2	0	150	0	606
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		47	0	0	0	0	47
Sheltered Care			0	0	0	0	0
TOTALS	67	434	2	0	150	0	653

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	151
Skilled Under 22	0	0
Intermediate DD	128	128
Shelter	110	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	17	0	2	0	19
Hawaiian/Pac. Isl.	0	0	0	0	0
White	588	0	45	0	633
Race Unknown	0	0	0	0	0
Total	606	0	47	0	653

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	543	0	47	0	590
Ethnicity Unknown	63	0	0	0	63
Total	606	0	47	0	653

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	9.75
Physicians	1.00
Director of Nursing	9.00
Registered Nurses	36.15
LPN's	83.90
Certified Aides	289.35
Other Health Staff	4.00
Non-Health Staff	241.00
Totals	674.15

HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	DeWitt	Aggressive/Anti-Social	3
State of Illinois		Chronic Alcoholism	2
TOTAL FACILITIES	3	Developmentally Disabled	1
HOSPITAL BASED UNITS	0	Drug Addiction	1
FREE STANDING FACILITIES	3	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	1
NURSING CARE BEDS ONLY	2	Mental Illness	2
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	1	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	1	Ventilator Dependent	2
FOR PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	1
		Other Restrictions	0
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	159

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	154	154	154	154	143	11	134	185	160	127
Skilled Under 22	0	0	0	0	0	0		0		128
Intermediate DD	16	16	16	16	16	0		16		159
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	170	170	170	170	159	11	134	201		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE		Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Pat. days	TOTAL Pat. days				
Nursing Care	3357	6.9%	25692	38.0%	21188	50237	89.4%	89.4%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5606	96.0%	0	5606	96.0%	96.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3357	6.9%	31298	42.7%	21188	55843	90.0%	90.0%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	2	0	0	0	3	0	3
45 to 59	0	0	0	0	2	4	0	0	2	4	6
60 to 64	0	1	0	0	2	2	0	0	2	3	5
65 to 74	7	10	0	0	0	1	0	0	9	11	20
75 to 84	11	32	0	0	0	1	0	0	11	33	44
85+	19	62	0	0	0	0	0	0	19	62	81
TOTALS	38	105	0	0	8	8	0	0	46	113	159

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 004
 LTC PLANNING AREA DeWitt

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	76	0	0	61	0	143
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	6	92	0	0	61	0	159

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	162	122
Skilled Under 22	0	0
Intermediate DD	113	113
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	143	0	14	0	157
Race Unknown	0	0	0	0	0
Total	143	0	16	0	159

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	143	0	16	0	159
Ethnicity Unknown	0	0	0	0	0
Total	143	0	16	0	159

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.25
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	7.00
LPN's	16.00
Certified Aides	49.00
Other Health Staff	5.00
Non-Health Staff	69.00
Totals	151.25

HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Douglas	Aggressive/Anti-Social	1
State of Illinois		Chronic Alcoholism	1
TOTAL FACILITIES	4	Developmentally Disabled	0
HOSPITAL BASED UNITS	0	Drug Addiction	1
FREE STANDING FACILITIES	4	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	3	Mental Illness	0
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	1	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicat	0
NON-PROFIT OWNERSHIP	0	Ventilator Dependent	1
FOR PROFIT OWNERSHIP	4	Infectious Disease w/ Isolation	1
		Other Restrictions	0
		No Restrictions	3
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	212

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	233	233	216	221	196	37	110	233	210	128
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	16	16	16	16	16	0		16		126
Sheltered Care	0	0	0	0	0	0				212
TOTAL BEDS	249	249	232	237	212	37	110	249		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	3853	9.6%	51906	61.0%	16346	72105	84.8%	84.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			5650	96.7%	0	5650	96.7%	96.7%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3853	9.6%	57556	63.3%	16346	77755	85.6%	85.6%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	3	0	0	4	4	0	0	8	7	15
45 to 59	15	11	0	0	1	0	0	0	16	11	27
60 to 64	7	6	0	0	2	1	0	0	9	7	16
65 to 74	9	13	0	0	0	2	0	0	10	15	25
75 to 84	19	29	0	0	0	1	0	0	19	30	49
85+	17	63	0	0	0	0	0	0	17	63	80
TOTALS	71	125	0	0	8	8	0	0	79	133	212

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 004
 LTC PLANNING AREA Douglas

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	3	1	39	0	196
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	12	157	3	1	39	0	212

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	127	112
Skilled Under 22	0	0
Intermediate DD	131	131
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	5	0	3	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	191	0	12	0	203
Race Unknown	0	0	0	0	0
Total	196	0	16	0	212

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	196	0	16	0	212
Ethnicity Unknown	0	0	0	0	0
Total	196	0	16	0	212

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.25
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	9.25
LPN's	15.00
Certified Aides	57.50
Other Health Staff	21.00
Non-Health Staff	32.00
Totals	141.00

HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Edgar	Aggressive/Anti-Social	2
State of Illinois		Chronic Alcoholism	2
TOTAL FACILITIES	5	Developmentally Disabled	1
HOSPITAL BASED UNITS	0	Drug Addiction	3
FREE STANDING FACILITIES	5	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	2
NURSING CARE BEDS ONLY	3	Mental Illness	1
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	2	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	3	Ventilator Dependent	3
FOR PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	2
		Other Restrictions	0
		No Restrictions	1
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	255

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	299	292	242	277	224	75	255	299	250	250
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	32	32	31	32	31	1		32	245	245
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	331	324	273	309	255	76	255	331		

LEVEL OF CARE	FACILITY UTILIZATION - 2006									
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE									
	Medicare		Medicaid		Other		TOTAL	Licensed Beds		Peak Beds Set Up
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	Occ. Pct.
Nursing Care	10275	11.0%	50387	46.2%	20062	80724	74.0%	75.7%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			11315	96.9%	0	11315	96.9%	96.9%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	10275	11.0%	61702	51.1%	20062	92039	76.2%	77.8%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	12	6	0	0	12	6	18
45 to 59	4	9	0	0	5	3	0	0	9	12	21
60 to 64	3	8	0	0	1	1	0	0	4	9	13
65 to 74	6	15	0	0	0	2	0	0	7	17	24
75 to 84	11	40	0	0	0	0	0	0	11	40	51
85+	25	103	0	0	0	0	0	0	25	103	128
TOTALS	49	175	0	0	19	12	0	0	68	187	255

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 004
 LTC PLANNING AREA Edgar

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	29	119	12	2	62	0	224
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		31	0	0	0	0	31
Sheltered Care			0	0	0	0	0
TOTALS	29	150	12	2	62	0	255

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	136	120
Skilled Under 22	0	0
Intermediate DD	106	106
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	224	0	31	0	255
Race Unknown	0	0	0	0	0
Total	224	0	31	0	255

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	224	0	31	0	255
Ethnicity Unknown	0	0	0	0	0
Total	224	0	31	0	255

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.50
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	10.00
LPN's	25.00
Certified Aides	101.25
Other Health Staff	9.30
Non-Health Staff	69.85
Totals	221.90

HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Ford	Aggressive/Anti-Social	0	DIAGNOSIS
State of Illinois		Chronic Alcoholism	2	Neoplasms
TOTAL FACILITIES	7	Developmentally Disabled	3	Endocrine/Metabolic
HOSPITAL BASED UNITS	1	Drug Addiction	2	Blood Disorders
FREE STANDING FACILITIES	6	Medicaid Recipient	0	*Nervous System
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease
NURSING CARE BEDS ONLY	7	Mental Illness	3	Mental Illness
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability
DD CARE BEDS ONLY	0	Non-Mobile	0	Circulatory System
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0	Respiratory System
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0	Digestive System
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0	Genitourinary System Disorders
NON-PROFIT OWNERSHIP	3	Ventilator Dependent	4	Skin Disorders
FOR PROFIT OWNERSHIP	4	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders
		Other Restrictions	2	Injuries and Poisonings
		No Restrictions	0	Other Medical Conditions
				Non-Medical Conditions
				TOTALS

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	417	409	407	393	375	42	362	278	365	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	586	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	576	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0	375	
TOTAL BEDS	417	409	407	393	375	42	362	278		

LEVEL OF CARE	FACILITY UTILIZATION - 2006									
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.	
	Medicare		Medicaid		Other					
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	13941	10.6%	55640	54.8%	66444	136025	89.4%	91.1%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	13941	10.6%	55640	54.8%	66444	136025	89.4%	91.1%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	6	7	0	0	0	0	0	0	6	7	13
60 to 64	1	5	0	0	0	0	0	0	1	5	6
65 to 74	18	22	0	0	0	0	0	0	18	22	40
75 to 84	37	67	0	0	0	0	0	0	37	67	104
85+	42	168	0	0	0	0	0	0	42	168	210
TOTALS	105	270	0	0	0	0	0	0	105	270	375

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 004
 LTC PLANNING AREA Ford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	157	0	8	172	0	375
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	38	157	0	8	172	0	375

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	137	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	374	0	0	0	374
Race Unknown	0	0	0	0	0
Total	375	0	0	0	375

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	375	0	0	0	375
Ethnicity Unknown	0	0	0	0	0
Total	375	0	0	0	375

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	1.00
Director of Nursing	7.00
Registered Nurses	31.00
LPN's	36.00
Certified Aides	134.00
Other Health Staff	24.00
Non-Health Staff	131.00
Totals	372.00

HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Iroquois	Aggressive/Anti-Social	3
State of Illinois		Chronic Alcoholism	3
TOTAL FACILITIES	8	Developmentally Disabled	2
HOSPITAL BASED UNITS	0	Drug Addiction	2
FREE STANDING FACILITIES	8	Medicaid Recipient	1
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	7	Mental Illness	4
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	1	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	1
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	3	Ventilator Dependent	4
FOR PROFIT OWNERSHIP	5	Infectious Disease w/ Isolation	2
		Other Restrictions	0
		No Restrictions	3
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	382

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	564	520	408	520	366	198	190	453	394	454
Skilled Under 22	0	0	0	0	0	0		0		466
Intermediate DD	16	16	16	16	16	0		16		382
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	580	536	424	536	382	198	190	469		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	16602	23.9%	57729	34.9%	53763	128094	62.2%	67.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			5640	96.6%	0	5640	96.6%	96.6%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	16602	23.9%	63369	37.0%	53763	133734	63.2%	68.4%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	3	0	0	4	3	0	0	6	6	12
45 to 59	10	13	0	0	3	5	0	0	13	18	31
60 to 64	8	16	0	0	0	0	0	0	8	16	24
65 to 74	15	30	0	0	0	0	0	0	16	30	46
75 to 84	29	72	0	0	0	0	0	0	29	72	101
85+	33	135	0	0	0	0	0	0	33	135	168
TOTALS	97	269	0	0	8	8	0	0	105	277	382

HEALTH SERVICE AREA 004
 LTC PLANNING AREA Iroquois

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	42	169	0	8	147	0	366
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	42	185	0	8	147	0	382

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	125
Skilled Under 22	0	0
Intermediate DD	250	150
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	360	0	16	0	376
Race Unknown	0	0	0	0	0
Total	366	0	16	0	382

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	359	0	16	0	375
Ethnicity Unknown	2	0	0	0	2
Total	366	0	16	0	382

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.25
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	23.25
LPN's	56.00
Certified Aides	152.25
Other Health Staff	6.00
Non-Health Staff	128.00
Totals	379.75

HEALTH SERVICE AREA		004	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA		Livingston	Aggressive/Anti-Social	6	DIAGNOSIS	
State of Illinois			Chronic Alcoholism	6	Neoplasms	13
TOTAL FACILITIES		7	Developmentally Disabled	5	Endocrine/Metabolic	30
HOSPITAL BASED UNITS		0	Drug Addiction	7	Blood Disorders	3
FREE STANDING FACILITIES		7	Medicaid Recipient	0	*Nervous System	43
FACILITIES LICENSED FOR:			Medicare Recipient	0	Alzheimer Disease	58
NURSING CARE BEDS ONLY		5	Mental Illness	3	Mental Illness	29
SHELTERED CARE BEDS ONLY		0	Non-Ambulatory	0	Developmental Disability	3
DD CARE BEDS ONLY		0	Non-Mobile	0	Circulatory System	159
MULTI-LICENSED FACILITIES		2	Public Aid Recipient	0	Respiratory System	20
FACILITIES REPORTED BY OWNERSHIP TYPE			Under 65 Years Old	0	Digestive System	12
GOVERNMENTAL OWNERSHIP		1	Unable to Self-Medicat	0	Genitourinary System Disorders	13
NON-PROFIT OWNERSHIP		4	Ventilator Dependent	7	Skin Disorders	2
FOR PROFIT OWNERSHIP		2	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	62
			Other Restrictions	0	Injuries and Poisonings	23
			No Restrictions	0	Other Medical Conditions	31
			<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions	0
					TOTALS	501

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	541	534	469	528	433	108	170	488	485	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	524	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	508	Residents on 12/31/2006
Sheltered Care	173	85	76	84	68	105			501	
TOTAL BEDS	714	619	545	612	501	213	170	488		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	15128	24.4%	75929	42.6%	64429	155486	78.7%	79.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					25625	25625	40.6%	82.6%	
TOTALS	15128	24.4%	75929	42.6%	90054	181111	69.5%	80.2%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	3	0	0	0	0	0	0	4	3	7
60 to 64	6	8	0	0	0	0	0	1	6	9	15
65 to 74	20	17	0	0	0	0	0	2	20	19	39
75 to 84	39	78	0	0	0	0	5	10	44	88	132
85+	41	217	0	0	0	0	11	39	52	256	308
TOTALS	110	323	0	0	0	0	16	52	126	375	501

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 004
 LTC PLANNING AREA Livingston

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	45	212	0	5	171	0	433
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			1	0	67	0	68
TOTALS	45	212	1	5	238	0	501

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	138
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	100	77

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	1	0	0	0	1
White	432	0	0	68	500
Race Unknown	0	0	0	0	0
Total	433	0	0	68	501

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	433	0	0	68	501
Ethnicity Unknown	0	0	0	0	0
Total	433	0	0	68	501

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.00
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	28.95
LPN's	51.72
Certified Aides	174.00
Other Health Staff	10.38
Non-Health Staff	234.66
Totals	513.71

HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	McLean	Aggressive/Anti-Social	4
State of Illinois		Chronic Alcoholism	7
TOTAL FACILITIES	11	Developmentally Disabled	4
HOSPITAL BASED UNITS	1	Drug Addiction	7
FREE STANDING FACILITIES	10	Medicaid Recipient	1
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	10	Mental Illness	7
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	0	Non-Mobile	0
MULTI-LICENSED FACILITIES	1	Public Aid Recipient	1
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	1
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	2	Ventilator Dependent	9
FOR PROFIT OWNERSHIP	8	Infectious Disease w/ Isolation	0
		Other Restrictions	1
		No Restrictions	1
		<i>Note: Reported restrictions denoted by 'I'</i>	
		DIAGNOSIS	
		Neoplasms	17
		Endocrine/Metabolic	54
		Blood Disorders	4
		*Nervous System	62
		Alzheimer Disease	184
		Mental Illness	28
		Developmental Disability	11
		Circulatory System	161
		Respiratory System	71
		Digestive System	37
		Genitourinary System Disorders	22
		Skin Disorders	6
		Musculo-skeletal Disorders	58
		Injuries and Poisonings	89
		Other Medical Conditions	100
		Non-Medical Conditions	0
		TOTALS	904

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	1112	1076	977	1076	901	211	566	944	909	1579
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	29	10	3	10	3	26				904
TOTAL BEDS	1141	1086	980	1086	904	237	566	944		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds		Peak Beds Set Up	
	Medicare		Medicaid		Other			Occ. Pct.	Occ. Pct.		
Nursing Care	32823	15.9%	162179	47.1%	131630	326632	80.5%	83.2%			
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%			
Intermediate DD			0	0.0%	0	0	0.0%	0.0%			
Sheltered Care					847	847	8.0%	23.2%			
TOTALS	32823	15.9%	162179	47.1%	132477	327479	78.6%	82.6%			

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	14	11	0	0	0	0	0	0	14	11	25
60 to 64	7	15	0	0	0	0	0	0	7	15	22
65 to 74	42	48	0	0	0	0	0	0	42	48	90
75 to 84	75	223	0	0	0	0	0	1	75	224	299
85+	98	364	0	0	0	0	1	1	99	365	464
TOTALS	238	663	0	0	0	0	1	2	239	665	904

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 004
 LTC PLANNING AREA McLean

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	105	438	1	15	342	0	901
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	3	0	3
TOTALS	105	438	1	15	345	0	904

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	171	161
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	108	97

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pac. Isl.	1	0	0	0	1
White	877	0	0	3	880
Race Unknown	2	0	0	0	2
Total	901	0	0	3	904

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	899	0	0	3	902
Ethnicity Unknown	0	0	0	0	0
Total	901	0	0	3	904

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.25
Physicians	1.05
Director of Nursing	10.50
Registered Nurses	64.70
LPN's	107.50
Certified Aides	384.00
Other Health Staff	25.40
Non-Health Staff	357.00
Totals	960.40

HEALTH SERVICE AREA 004
 LTC PLANNING AREA Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	171	596	23	41	217	0	1048
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		90	0	0	1	0	91
Sheltered Care			6	0	1	0	7
TOTALS	171	686	29	41	219	0	1146

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	131
Skilled Under 22	0	0
Intermediate DD	152	151
Shelter	140	140

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	102	0	7	0	109
Hawaiian/Pac. Isl.	0	0	0	0	0
White	943	0	84	7	1034
Race Unknown	1	0	0	0	1
Total	1048	0	91	7	1146

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	767	0	91	7	865
Ethnicity Unknown	281	0	0	0	281
Total	1048	0	91	7	1146

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	14.31
Physicians	0.00
Director of Nursing	12.00
Registered Nurses	55.77
LPN's	135.27
Certified Aides	388.75
Other Health Staff	56.29
Non-Health Staff	369.12
Totals	1031.51

HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Moultrie	Aggressive/Anti-Social	2
State of Illinois		Chronic Alcoholism	3
TOTAL FACILITIES	6	Developmentally Disabled	2
HOSPITAL BASED UNITS	0	Drug Addiction	3
FREE STANDING FACILITIES	6	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	3	Mental Illness	1
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	1
DD CARE BEDS ONLY	2	Non-Mobile	1
MULTI-LICENSED FACILITIES	1	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	1
NON-PROFIT OWNERSHIP	2	Ventilator Dependent	4
FOR PROFIT OWNERSHIP	4	Infectious Disease w/ Isolation	2
		Other Restrictions	0
		No Restrictions	2
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	348

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	401	342	316	342	298	103	264	327	343	275
Skilled Under 22	0	0	0	0	0	0		0		270
Intermediate DD	32	32	32	32	31	1		32		348
Sheltered Care	48	48	22	48	19	29				
TOTAL BEDS	481	422	370	422	348	133	264	359		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	10198	10.6%	51237	42.9%	46475	107910	73.7%	86.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			11054	94.6%	185	11239	96.2%	96.2%	
Sheltered Care					7298	7298	41.7%	41.7%	
TOTALS	10198	10.6%	62291	47.5%	53958	126447	72.0%	82.1%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006											
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	2	0	0	9	8	0	0	9	10	19	
45 to 59	10	11	0	0	2	7	1	0	13	18	31	
60 to 64	1	7	0	0	2	1	0	0	3	8	11	
65 to 74	13	17	0	0	1	1	0	1	13	19	32	
75 to 84	33	52	0	0	1	0	1	5	35	57	92	
85+	26	126	0	0	0	0	3	8	29	134	163	
TOTALS	83	215	0	0	14	17	5	14	102	246	348	

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 004
 LTC PLANNING AREA Moultrie

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	143	0	2	93	31	298
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		31	0	0	0	0	31
Sheltered Care			0	0	6	13	19
TOTALS	29	174	0	2	99	44	348

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	137	115
Skilled Under 22	0	0
Intermediate DD	134	121
Shelter	89	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	6	0	2	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	291	0	29	19	339
Race Unknown	0	0	0	0	0
Total	298	0	31	19	348

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	297	0	31	19	347
Ethnicity Unknown	0	0	0	0	0
Total	298	0	31	19	348

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.50
Physicians	0.00
Director of Nursing	4.25
Registered Nurses	15.75
LPN's	41.50
Certified Aides	122.00
Other Health Staff	12.50
Non-Health Staff	132.25
Totals	332.75

HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Piatt	Aggressive/Anti-Social	1
State of Illinois		Chronic Alcoholism	1
TOTAL FACILITIES	3	Developmentally Disabled	1
HOSPITAL BASED UNITS	0	Drug Addiction	1
FREE STANDING FACILITIES	3	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	2	Mental Illness	1
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	1	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	0	Ventilator Dependent	2
FOR PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	1
		Other Restrictions	0
		No Restrictions	1
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	163

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	160	160	160	160	147	13	108	160	174	106
Skilled Under 22	0	0	0	0	0	0	0	0		117
Intermediate DD	16	16	16	16	16	0	0	16		163
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	176	176	176	176	163	13	108	176		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	2831	7.2%	30296	51.9%	21092	54219	92.8%	92.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			5839	100.0%	0	5839	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2831	7.2%	36135	56.3%	21092	60058	93.5%	93.5%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	3	5	0	0	5	5	10
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 to 74	2	8	0	0	0	1	0	0	2	9	11
75 to 84	15	44	0	0	0	0	0	0	15	44	59
85+	8	61	0	0	0	0	0	0	8	61	69
TOTALS	29	118	0	0	8	8	0	0	37	126	163

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 004
LTC PLANNING AREA Piatt

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	77	0	0	60	0	147
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	10	93	0	0	60	0	163

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	131
Skilled Under 22	0	0
Intermediate DD	250	150
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	147	0	14	0	161
Race Unknown	0	0	0	0	0
Total	147	0	16	0	163

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	147	0	16	0	163
Ethnicity Unknown	0	0	0	0	0
Total	147	0	16	0	163

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.25
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	12.25
LPN's	7.00
Certified Aides	54.50
Other Health Staff	0.00
Non-Health Staff	63.00
Totals	141.00

HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Shelby	Aggressive/Anti-Social	3
State of Illinois		Chronic Alcoholism	3
TOTAL FACILITIES	5	Developmentally Disabled	2
HOSPITAL BASED UNITS	0	Drug Addiction	3
FREE STANDING FACILITIES	5	Medicaid Recipient	1
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	4	Mental Illness	2
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	1
DD CARE BEDS ONLY	1	Non-Mobile	1
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	1
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	1
NON-PROFIT OWNERSHIP	1	Ventilator Dependent	2
FOR PROFIT OWNERSHIP	4	Infectious Disease w/ Isolation	1
		Other Restrictions	0
		No Restrictions	2
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	199

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	284	259	212	257	183	101	142	255	199	241
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	16	16	16	16	16	0		16		241
Sheltered Care	0	0	0	0	0	0				199
TOTAL BEDS	300	275	228	273	199	101	142	271		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	6593	12.7%	36014	38.7%	24441	67048	64.7%	70.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6593	12.7%	41854	42.3%	24441	72888	66.6%	72.6%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	3	0	0	3	3	6
45 to 59	0	4	0	0	1	4	0	0	1	8	9
60 to 64	0	5	0	0	1	0	0	0	1	5	6
65 to 74	9	5	0	0	1	2	0	0	10	7	17
75 to 84	19	38	0	0	1	0	0	0	20	38	58
85+	19	84	0	0	0	0	0	0	19	84	103
TOTALS	47	136	0	0	7	9	0	0	54	145	199

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 004
 LTC PLANNING AREA Shelby

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	96	0	0	68	0	183
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	19	112	0	0	68	0	199

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	133	114
Skilled Under 22	0	0
Intermediate DD	114	114
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	182	0	16	0	198
Race Unknown	0	0	0	0	0
Total	183	0	16	0	199

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	183	0	15	0	198
Ethnicity Unknown	0	0	0	0	0
Total	183	0	16	0	199

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	6.00
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	9.11
LPN's	24.85
Certified Aides	77.37
Other Health Staff	3.00
Non-Health Staff	70.03
Totals	194.36

HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Vermilion	Aggressive/Anti-Social	5
State of Illinois		Chronic Alcoholism	5
TOTAL FACILITIES	7	Developmentally Disabled	4
HOSPITAL BASED UNITS	0	Drug Addiction	4
FREE STANDING FACILITIES	7	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	1
NURSING CARE BEDS ONLY	5	Mental Illness	5
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	1	Non-Mobile	0
MULTI-LICENSED FACILITIES	1	Public Aid Recipient	1
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	3	Ventilator Dependent	7
FOR PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	1
		Other Restrictions	0
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	639

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	753	751	592	737	546	207	388	707	642	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	1277	Total Discharges 2006
Intermediate DD	16	16	16	16	15	1		16	639	Residents on 12/31/2006
Sheltered Care	86	86	84	86	78	8				
TOTAL BEDS	855	853	692	839	639	216	388	723		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days				
Nursing Care	25582	18.1%	116371	45.1%	54071	196024	71.3%	71.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			5604	96.0%	0	5604	96.0%	96.0%	
Sheltered Care					27375	27375	87.2%	87.2%	
TOTALS	25582	18.1%	121975	46.2%	81446	229003	73.4%	73.6%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	1	6	0	0	3	7	10
45 to 59	15	8	0	0	2	4	0	1	17	13	30
60 to 64	8	19	0	0	2	0	0	0	10	19	29
65 to 74	22	44	0	0	0	0	0	18	22	62	84
75 to 84	47	139	0	0	0	0	4	14	51	153	204
85+	43	198	0	0	0	0	5	36	48	234	282
TOTALS	137	409	0	0	5	10	9	69	151	488	639

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 004
 LTC PLANNING AREA Vermilion

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	70	326	4	1	145	0	546
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		15	0	0	0	0	15
Sheltered Care			0	0	78	0	78
TOTALS	70	341	4	1	223	0	639

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	127
Skilled Under 22	0	0
Intermediate DD	110	110
Shelter	105	90

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	56	0	3	1	60
Hawaiian/Pac. Isl.	0	0	0	0	0
White	490	0	12	77	579
Race Unknown	0	0	0	0	0
Total	546	0	15	78	639

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	544	0	15	78	637
Ethnicity Unknown	0	0	0	0	0
Total	546	0	15	78	639

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	6.25
Physicians	0.00
Director of Nursing	6.00
Registered Nurses	43.00
LPN's	58.00
Certified Aides	230.70
Other Health Staff	40.87
Non-Health Staff	203.50
Totals	588.32

HEALTH SERVICE AREA		005	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Alexander/Pulaski		Aggressive/Anti-Social	1	DIAGNOSIS	
State of Illinois			Chronic Alcoholism	1	Neoplasms	5
TOTAL FACILITIES	2		Developmentally Disabled	0	Endocrine/Metabolic	4
HOSPITAL BASED UNITS	0		Drug Addiction	1	Blood Disorders	2
FREE STANDING FACILITIES	2		Medicaid Recipient	0	*Nervous System	7
FACILITIES LICENSED FOR:			Medicare Recipient	0	Alzheimer Disease	6
NURSING CARE BEDS ONLY	1		Mental Illness	0	Mental Illness	11
SHELTERED CARE BEDS ONLY	0		Non-Ambulatory	0	Developmental Disability	15
DD CARE BEDS ONLY	1		Non-Mobile	1	Circulatory System	11
MULTI-LICENSED FACILITIES	0		Public Aid Recipient	0	Respiratory System	4
FACILITIES REPORTED BY OWNERSHIP TYPE			Under 65 Years Old	0	Digestive System	0
GOVERNMENTAL OWNERSHIP	0		Unable to Self-Medicare	0	Genitourinary System Disorders	0
NON-PROFIT OWNERSHIP	1		Ventilator Dependent	1	Skin Disorders	2
FOR PROFIT OWNERSHIP	1		Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	2
			Other Restrictions	1	Injuries and Poisonings	5
			No Restrictions	0	Other Medical Conditions	9
					Non-Medical Conditions	0
					TOTALS	83

Note: Reported restrictions denoted by '1'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	83	83	73	83	68	15	83	83	85	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	50	Total Discharges 2006
Intermediate DD	16	16	16	16	15	1	16	16	52	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	83	
TOTAL BEDS	99	99	89	99	83	16	83	99		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	1895	6.3%	18969	62.6%	5013	25877	85.4%	85.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			5718	97.9%	0	5718	97.9%	97.9%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1895	6.3%	24687	68.3%	5013	31595	87.4%	87.4%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	3	4	0	0	3	5	8
45 to 59	0	4	0	0	3	3	0	0	3	7	10
60 to 64	2	1	0	0	1	0	0	0	3	1	4
65 to 74	4	4	0	0	0	0	0	0	5	4	9
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	6	28	0	0	0	0	0	0	6	28	34
TOTALS	18	50	0	0	8	7	0	0	26	57	83

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005
 LTC PLANNING AREA Alexander/Pulaski

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	54	2	1	8	0	68
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	3	69	2	1	8	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	96	83
Skilled Under 22	0	0
Intermediate DD	96	96
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	30	0	8	0	38
Hawaiian/Pac. Isl.	0	0	0	0	0
White	38	0	7	0	45
Race Unknown	0	0	0	0	0
Total	68	0	15	0	83

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	15	0	83
Ethnicity Unknown	0	0	0	0	0
Total	68	0	15	0	83

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.10
Physicians	0.25
Director of Nursing	1.00
Registered Nurses	2.10
LPN's	7.00
Certified Aides	52.00
Other Health Staff	2.00
Non-Health Staff	32.00
Totals	97.45

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Bond	Aggressive/Anti-Social	2
State of Illinois		Chronic Alcoholism	3
TOTAL FACILITIES	3	Developmentally Disabled	1
HOSPITAL BASED UNITS	0	Drug Addiction	3
FREE STANDING FACILITIES	3	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	1
NURSING CARE BEDS ONLY	2	Mental Illness	1
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	1	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	2	Ventilator Dependent	3
FOR PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	1
		Other Restrictions	0
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	166

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	198	198	186	198	150	48	44	198	185	
Skilled Under 22	0	0	0	0	0	0		0	152	
Intermediate DD	16	16	16	16	16	0		16	171	
Sheltered Care	0	0	0	0	0	0			166	
TOTAL BEDS	214	214	202	214	166	48	44	214		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	5408	33.7%	36199	50.1%	16838	58445	80.9%	80.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			5839	100.0%	0	5839	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5408	33.7%	42038	53.8%	16838	64284	82.3%	82.3%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	8	4	0	0	10	4	14
45 to 59	4	3	0	0	1	2	0	0	5	5	10
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	10	7	0	0	0	0	0	0	11	7	18
75 to 84	20	35	0	0	0	0	0	0	20	35	55
85+	8	56	0	0	0	0	0	0	8	56	64
TOTALS	48	102	0	0	10	6	0	0	58	108	166

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005
LTC PLANNING AREA Bond

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	19	88	0	2	41	0	150
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	19	104	0	2	41	0	166

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	104
Skilled Under 22	0	0
Intermediate DD	115	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	147	0	16	0	163
Race Unknown	0	0	0	0	0
Total	150	0	16	0	166

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	83	0	16	0	99
Ethnicity Unknown	67	0	0	0	67
Total	150	0	16	0	166

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.25
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	7.38
LPN's	17.32
Certified Aides	61.11
Other Health Staff	7.81
Non-Health Staff	24.50
Totals	122.37

HEALTH SERVICE AREA 005
 LTC PLANNING AREA Clay

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	19	93	0	0	19	0	131
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		74	0	0	0	0	74
Sheltered Care			0	0	0	0	0
TOTALS	19	167	0	0	19	0	205

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	122	108
Skilled Under 22	0	0
Intermediate DD	118	117
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	8	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	131	0	66	0	197
Race Unknown	0	0	0	0	0
Total	131	0	74	0	205

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	131	0	74	0	205
Ethnicity Unknown	0	0	0	0	0
Total	131	0	74	0	205

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	26.00
LPN's	13.00
Certified Aides	94.00
Other Health Staff	31.00
Non-Health Staff	44.00
Totals	215.00

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Crawford	Aggressive/Anti-Social	3
State of Illinois		Chronic Alcoholism	2
TOTAL FACILITIES	5	Developmentally Disabled	3
HOSPITAL BASED UNITS	1	Drug Addiction	3
FREE STANDING FACILITIES	4	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	4	Mental Illness	2
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	1	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	0	Ventilator Dependent	4
FOR PROFIT OWNERSHIP	4	Infectious Disease w/ Isolation	2
		Other Restrictions	1
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	166

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	225	216	180	180	150	75	18	197	178	155
Skilled Under 22	0	0	0	0	0	0		0		167
Intermediate DD	16	16	16	16	16	0		16		166
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	241	232	196	196	166	75	18	213		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE		Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Pat. days	TOTAL Pat. days				
Nursing Care	4705	71.6%	29299	40.7%	22816	56820	69.2%	72.1%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5289	90.6%	0	5289	90.6%	90.6%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	4705	71.6%	34588	44.5%	22816	62109	70.6%	73.3%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	5	0	0	6	5	11
45 to 59	2	2	0	0	2	2	0	0	4	4	8
60 to 64	1	4	0	0	0	1	0	0	1	5	6
65 to 74	2	13	0	0	0	0	0	0	2	13	15
75 to 84	20	34	0	0	0	0	0	0	20	34	54
85+	17	55	0	0	0	0	0	0	17	55	72
TOTALS	42	108	0	0	8	8	0	0	50	116	166

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005
LTC PLANNING AREA Crawford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	77	1	2	52	0	150
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	18	93	1	2	52	0	166

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	102	99
Skilled Under 22	0	0
Intermediate DD	0	114
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	150	0	12	0	162
Race Unknown	0	0	0	0	0
Total	150	0	16	0	166

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	150	0	15	0	165
Ethnicity Unknown	0	0	0	0	0
Total	150	0	16	0	166

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.25
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	11.35
LPN's	13.10
Certified Aides	76.20
Other Health Staff	3.00
Non-Health Staff	48.60
Totals	161.50

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Edwards/Wabash	Aggressive/Anti-Social	1
State of Illinois		Chronic Alcoholism	1
TOTAL FACILITIES	3	Developmentally Disabled	1
HOSPITAL BASED UNITS	0	Drug Addiction	1
FREE STANDING FACILITIES	3	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	2	Mental Illness	1
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	1	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	1
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	2	Ventilator Dependent	3
FOR PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	2
		Other Restrictions	0
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	128

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	139	130	128	130	114	25	90	120	131	291
Skilled Under 22	0	0	0	0	0	0		0		294
Intermediate DD	16	16	15	16	14	2		16		128
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	155	146	143	146	128	27	90	136		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE		Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Pat. days	TOTAL Pat. days				
Nursing Care	3213	9.8%	21607	49.3%	16420	41240	81.3%	86.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			4874	83.5%	0	4874	83.5%	83.5%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3213	9.8%	26481	53.3%	16420	46114	81.5%	86.5%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	3	0	0	4	3	7
45 to 59	1	1	0	0	1	3	0	0	2	4	6
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	4	0	0	0	1	0	0	3	5	8
75 to 84	1	30	0	0	0	0	0	0	1	30	31
85+	11	64	0	0	0	0	0	0	11	64	75
TOTALS	14	100	0	0	7	7	0	0	21	107	128

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005
 LTC PLANNING AREA Edwards/Wabash

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	62	0	0	47	0	114
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	5	76	0	0	47	0	128

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	124	109
Skilled Under 22	0	0
Intermediate DD	0	109
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	113	0	14	0	127
Race Unknown	0	0	0	0	0
Total	114	0	14	0	128

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	114	0	14	0	128
Ethnicity Unknown	0	0	0	0	0
Total	114	0	14	0	128

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	8.50
LPN's	21.25
Certified Aides	56.00
Other Health Staff	1.00
Non-Health Staff	51.00
Totals	142.75

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Effingham	Aggressive/Anti-Social	4
State of Illinois		Chronic Alcoholism	3
TOTAL FACILITIES	7	Developmentally Disabled	2
HOSPITAL BASED UNITS	1	Drug Addiction	4
FREE STANDING FACILITIES	6	Medicaid Recipient	1
FACILITIES LICENSED FOR:		Medicare Recipient	2
NURSING CARE BEDS ONLY	5	Mental Illness	1
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	2	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	5	Ventilator Dependent	5
FOR PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	2
		Other Restrictions	0
		No Restrictions	1
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	340

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	432	400	348	400	310	122	386	419	336	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	765	Total Discharges 2006
Intermediate DD	32	32	32	32	30	2		32	761	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0			340	
TOTAL BEDS	464	432	380	432	340	124	386	451		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	18963	13.5%	56946	37.2%	40158	116067	73.6%	79.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			10690	91.5%	0	10690	91.5%	91.5%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	18963	13.5%	67636	41.1%	40158	126757	74.8%	80.4%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	1	0	0	0	1	0	1
18 to 44	0	1	0	0	11	5	0	0	11	6	17
45 to 59	4	6	0	0	6	2	0	0	10	8	18
60 to 64	5	6	0	0	1	0	0	0	6	6	12
65 to 74	13	20	0	0	1	2	0	0	14	22	36
75 to 84	26	77	0	0	1	0	0	0	27	77	104
85+	27	125	0	0	0	0	0	0	27	125	152
TOTALS	75	235	0	0	21	9	0	0	96	244	340

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005
 LTC PLANNING AREA Effingham

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	54	148	0	2	106	0	310
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		28	0	0	2	0	30
Sheltered Care			0	0	0	0	0
TOTALS	54	176	0	2	108	0	340

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	166	134
Skilled Under 22	0	0
Intermediate DD	104	104
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	309	0	30	0	339
Race Unknown	0	0	0	0	0
Total	310	0	30	0	340

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	130	0	30	0	160
Ethnicity Unknown	180	0	0	0	180
Total	310	0	30	0	340

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.50
Physicians	0.00
Director of Nursing	5.00
Registered Nurses	21.00
LPN's	41.00
Certified Aides	128.50
Other Health Staff	39.45
Non-Health Staff	81.85
Totals	322.30

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Fayette	Aggressive/Anti-Social	3
State of Illinois		Chronic Alcoholism	3
TOTAL FACILITIES	5	Developmentally Disabled	3
HOSPITAL BASED UNITS	1	Drug Addiction	4
FREE STANDING FACILITIES	4	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	4	Mental Illness	2
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	1
DD CARE BEDS ONLY	1	Non-Mobile	1
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	1
NON-PROFIT OWNERSHIP	0	Ventilator Dependent	3
FOR PROFIT OWNERSHIP	4	Infectious Disease w/ Isolation	1
		Other Restrictions	0
		No Restrictions	1
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	238

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	349	320	255	320	222	127	195	324	252	453
Skilled Under 22	0	0	0	0	0	0		0		467
Intermediate DD	16	16	16	16	16	0		16		238
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	365	336	271	336	238	127	195	340		

LEVEL OF CARE	FACILITY UTILIZATION - 2006									
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.	
	Medicare		Medicaid		Other					
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	8228	11.6%	54429	46.0%	17055	79712	62.6%	68.2%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5640	96.6%	0	5640	96.6%	96.6%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	8228	11.6%	60069	48.4%	17055	85352	64.1%	69.6%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	3	0	0	2	2	0	0	9	5	14
45 to 59	20	13	0	0	4	1	0	0	24	14	38
60 to 64	7	10	0	0	1	0	0	0	8	10	18
65 to 74	17	12	0	0	1	2	0	0	17	14	31
75 to 84	15	32	0	0	1	3	0	0	16	35	51
85+	18	68	0	0	0	0	0	0	18	68	86
TOTALS	84	138	0	0	8	8	0	0	92	146	238

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005
LTC PLANNING AREA Fayette

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	146	0	0	47	0	222
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	29	162	0	0	47	0	238

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	111
Skilled Under 22	0	0
Intermediate DD	108	108
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	6	0	1	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	214	0	15	0	229
Race Unknown	0	0	0	0	0
Total	222	0	16	0	238

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	221	0	16	0	237
Ethnicity Unknown	1	0	0	0	1
Total	222	0	16	0	238

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	6.00
Physicians	0.00
Director of Nursing	4.50
Registered Nurses	16.65
LPN's	30.45
Certified Aides	100.00
Other Health Staff	16.70
Non-Health Staff	63.75
Totals	238.05

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS		
LTC PLANNING AREA	Franklin	Aggressive/Anti-Social	3	DIAGNOSIS	
State of Illinois		Chronic Alcoholism	2	Neoplasms	8
TOTAL FACILITIES	8	Developmentally Disabled	4	Endocrine/Metabolic	41
HOSPITAL BASED UNITS	1	Drug Addiction	2	Blood Disorders	4
FREE STANDING FACILITIES	7	Medicaid Recipient	0	*Nervous System	19
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	80
NURSING CARE BEDS ONLY	6	Mental Illness	1	Mental Illness	25
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	1	Developmental Disability	60
DD CARE BEDS ONLY	2	Non-Mobile	0	Circulatory System	45
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0	Respiratory System	22
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0	Digestive System	10
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0	Genitourinary System Disorders	4
NON-PROFIT OWNERSHIP	1	Ventilator Dependent	4	Skin Disorders	6
FOR PROFIT OWNERSHIP	7	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	11
		Other Restrictions	0	Injuries and Poisonings	6
		No Restrictions	3	Other Medical Conditions	20
				Non-Medical Conditions	0
				TOTALS	361

Note: Reported restrictions denoted by '1'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006		
Nursing Care	465	372	331	370	303	162	104	445	344	406	
Skilled Under 22	0	0	0	0	0	0		0			
Intermediate DD	65	65	61	65	58	7		65			
Sheltered Care	0	0	0	0	0	0					
TOTAL BEDS	530	437	392	435	361	169	104	510		389	
										Residents on 12/31/2006	361

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	12192	32.1%	74977	46.2%	24726	111895	65.9%	82.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			21581	91.0%	7	21588	91.0%	91.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	12192	32.1%	96558	51.9%	24733	133483	69.0%	83.7%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	3	0	0	9	4	0	0	12	7	19
45 to 59	11	4	0	0	17	11	0	0	28	15	43
60 to 64	8	12	0	0	5	4	0	0	13	16	29
65 to 74	16	20	0	0	0	3	0	0	19	23	42
75 to 84	28	70	0	0	0	1	0	0	28	71	99
85+	19	109	0	0	0	1	0	0	19	110	129
TOTALS	85	218	0	0	34	24	0	0	119	242	361

HEALTH SERVICE AREA 005
LTC PLANNING AREA Franklin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	33	197	0	2	71	0	303
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		58	0	0	0	0	58
Sheltered Care			0	0	0	0	0
TOTALS	33	255	0	2	71	0	361

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	108	83
Skilled Under 22	0	0
Intermediate DD	117	109
Shelter	170	85

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	4	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	301	0	54	0	355
Race Unknown	0	0	0	0	0
Total	303	0	58	0	361

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	303	0	56	0	359
Ethnicity Unknown	0	0	0	0	0
Total	303	0	58	0	361

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	0.00
Director of Nursing	6.00
Registered Nurses	13.00
LPN's	39.00
Certified Aides	140.00
Other Health Staff	11.00
Non-Health Staff	116.00
Totals	333.00

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	in/Hamilton/Saline	Aggressive/Anti-Social	3
State of Illinois		Chronic Alcoholism	2
TOTAL FACILITIES	13	Developmentally Disabled	4
HOSPITAL BASED UNITS	1	Drug Addiction	5
FREE STANDING FACILITIES	12	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	8	Mental Illness	3
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	5	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	0	Ventilator Dependent	8
FOR PROFIT OWNERSHIP	12	Infectious Disease w/ Isolation	4
		Other Restrictions	0
		No Restrictions	3
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	648

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	681	683	589	605	553	128	250	691	668	
Skilled Under 22	0	0	0	0	0	0		0	499	
Intermediate DD	99	99	99	99	95	4		99	519	
Sheltered Care	0	0	0	0	0	0			648	
TOTAL BEDS	780	782	688	704	648	132	250	790		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE		Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Pat. days	TOTAL Pat. days				
Nursing Care	11969	13.1%	142268	56.4%	47432	201669	81.1%	80.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			34539	95.6%	0	34539	95.6%	95.6%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	11969	13.1%	176807	61.3%	47432	236208	83.0%	82.8%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	23	17	0	0	25	18	43
45 to 59	9	18	0	0	22	12	0	0	31	30	61
60 to 64	8	9	0	0	3	5	0	0	11	14	25
65 to 74	24	41	0	0	1	5	0	0	29	46	75
75 to 84	47	133	0	0	1	2	0	0	48	135	183
85+	43	218	0	0	0	0	0	0	43	218	261
TOTALS	133	420	0	0	54	41	0	0	187	461	648

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005
 LTC PLANNING AREA in/Hamilton/Saline

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	388	1	2	132	0	553
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		95	0	0	0	0	95
Sheltered Care			0	0	0	0	0
TOTALS	30	483	1	2	132	0	648

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	97	83
Skilled Under 22	0	0
Intermediate DD	122	125
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	17	0	13	0	30
Hawaiian/Pac. Isl.	0	0	0	0	0
White	536	0	82	0	618
Race Unknown	0	0	0	0	0
Total	553	0	95	0	648

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	494	0	93	0	587
Ethnicity Unknown	59	0	0	0	59
Total	553	0	95	0	648

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	11.50
Physicians	0.00
Director of Nursing	9.00
Registered Nurses	19.90
LPN's	80.00
Certified Aides	254.00
Other Health Staff	11.50
Non-Health Staff	170.00
Totals	555.90

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Hardin/Pope	Aggressive/Anti-Social	2
State of Illinois		Chronic Alcoholism	2
TOTAL FACILITIES	3	Developmentally Disabled	1
HOSPITAL BASED UNITS	0	Drug Addiction	2
FREE STANDING FACILITIES	3	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	2	Mental Illness	2
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	1	Non-Mobile	1
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	1
NON-PROFIT OWNERSHIP	0	Ventilator Dependent	2
FOR PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	2
		Other Restrictions	0
		No Restrictions	1
		<i>Note: Reported restrictions denoted by '1'</i>	
		TOTALS	97

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	109	109	93	109	84	25	62	132	101	52
Skilled Under 22	0	0	0	0	0	0		0		56
Intermediate DD	16	16	14	16	13	3		16		97
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	125	125	107	125	97	28	62	148		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days				
Nursing Care	4306	19.0%	20483	42.5%	6061	30850	77.5%	77.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			4638	79.4%	0	4638	79.4%	79.4%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4306	19.0%	25121	46.5%	6061	35488	77.8%	77.8%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	2	0	0	0	2	2
45 to 59	2	1	0	0	3	1	0	0	5	2	7
60 to 64	1	1	0	0	2	1	0	0	3	2	5
65 to 74	3	5	0	0	0	0	0	0	6	5	11
75 to 84	8	22	0	0	0	1	0	0	8	23	31
85+	7	34	0	0	0	0	0	0	7	34	41
TOTALS	21	63	0	0	8	5	0	0	29	68	97

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005
 LTC PLANNING AREA Hardin/Pope

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	57	0	0	18	0	84
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	9	70	0	0	18	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	114	90
Skilled Under 22	0	0
Intermediate DD	0	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	83	0	13	0	96
Race Unknown	0	0	0	0	0
Total	84	0	13	0	97

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	84	0	13	0	97
Ethnicity Unknown	0	0	0	0	0
Total	84	0	13	0	97

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	12.00
LPN's	8.00
Certified Aides	27.00
Other Health Staff	14.00
Non-Health Staff	24.00
Totals	90.00

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Jackson	Aggressive/Anti-Social	2
State of Illinois		Chronic Alcoholism	2
TOTAL FACILITIES	5	Developmentally Disabled	1
HOSPITAL BASED UNITS	0	Drug Addiction	3
FREE STANDING FACILITIES	5	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	1
NURSING CARE BEDS ONLY	3	Mental Illness	2
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	1
DD CARE BEDS ONLY	2	Non-Mobile	2
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	1
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	1	Ventilator Dependent	5
FOR PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	2
		Other Restrictions	1
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	287

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	451	393	293	393	257	194	78	333	286	419
Skilled Under 22	0	0	0	0	0	0		0		418
Intermediate DD	32	32	30	32	30	2		32		287
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	483	425	323	425	287	196	78	365		

LEVEL OF CARE	FACILITY UTILIZATION - 2006									
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE									
	Medicare		Medicaid		Other		TOTAL	Licensed Beds		Peak Beds Set Up
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	Occ. Pct.
Nursing Care	15633	54.9%	52351	43.1%	28740	96724	58.8%	67.4%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			10802	92.5%	0	10802	92.5%	92.5%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	15633	54.9%	63153	47.4%	28740	107526	61.0%	69.3%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	0	0	0	12	8	0	0	17	8	25
45 to 59	3	9	0	0	5	4	0	0	8	13	21
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	10	22	0	0	1	0	0	0	10	22	32
75 to 84	24	64	0	0	1	0	0	0	25	64	89
85+	26	91	0	0	0	0	0	0	26	91	117
TOTALS	70	187	0	0	18	12	0	0	88	199	287

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005
LTC PLANNING AREA Jackson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	37	137	5	13	65	0	257
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		30	0	0	0	0	30
Sheltered Care			0	0	0	0	0
TOTALS	37	167	5	13	65	0	287

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	109	91
Skilled Under 22	0	0
Intermediate DD	130	118
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	25	0	6	0	31
Hawaiian/Pac. Isl.	0	0	0	0	0
White	232	0	24	0	256
Race Unknown	0	0	0	0	0
Total	257	0	30	0	287

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	257	0	29	0	286
Ethnicity Unknown	0	0	0	0	0
Total	257	0	30	0	287

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.50
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	14.25
LPN's	30.00
Certified Aides	134.75
Other Health Staff	18.00
Non-Health Staff	96.75
Totals	301.25

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Jasper	Aggressive/Anti-Social	0
State of Illinois		Chronic Alcoholism	0
TOTAL FACILITIES	1	Developmentally Disabled	0
HOSPITAL BASED UNITS	0	Drug Addiction	0
FREE STANDING FACILITIES	1	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	1	Mental Illness	0
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	0	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	0	Ventilator Dependent	1
FOR PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	0
		Other Restrictions	0
		No Restrictions	0
		<i>Note: Reported restrictions denoted by '1'</i>	
		TOTALS	49

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	92	92	61	92	49	43	16	92	57	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	45	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	53	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0	49	
TOTAL BEDS	92	92	61	92	49	43	16	92		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	2072	35.5%	11739	35.0%	5283	19094	56.9%	56.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2072	35.5%	11739	35.0%	5283	19094	56.9%	56.9%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	3	16	0	0	0	0	0	0	3	16	19
85+	7	18	0	0	0	0	0	0	7	18	25
TOTALS	12	37	0	0	0	0	0	0	12	37	49

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005
 LTC PLANNING AREA Jasper

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	34	0	0	11	0	49
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	34	0	0	11	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	108
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

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

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	14.00
Other Health Staff	1.00
Non-Health Staff	15.00
Totals	43.00

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Jefferson	Aggressive/Anti-Social	0
State of Illinois		Chronic Alcoholism	2
TOTAL FACILITIES	7	Developmentally Disabled	0
HOSPITAL BASED UNITS	0	Drug Addiction	3
FREE STANDING FACILITIES	7	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	5	Mental Illness	0
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	2	Non-Mobile	1
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	0	Ventilator Dependent	3
FOR PROFIT OWNERSHIP	7	Infectious Disease w/ Isolation	2
		Other Restrictions	0
		No Restrictions	4
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	326

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	410	346	312	255	294	116	97	410	326	634
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	32	32	32	32	32	0		32		634
Sheltered Care	0	0	0	0	0	0				326
TOTAL BEDS	442	378	344	287	326	116	97	442		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days				
Nursing Care	17148	48.4%	67345	45.0%	18212	102705	68.6%	81.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			11289	96.7%	0	11289	96.7%	96.7%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	17148	48.4%	78634	48.7%	18212	113994	70.7%	82.6%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	8	6	0	0	9	6	15
45 to 59	4	6	0	0	7	5	0	0	11	11	22
60 to 64	2	7	0	0	0	1	0	0	2	8	10
65 to 74	12	29	0	0	1	4	0	0	12	33	45
75 to 84	29	83	0	0	1	0	0	0	30	83	113
85+	23	98	0	0	0	0	0	0	23	98	121
TOTALS	71	223	0	0	16	16	0	0	87	239	326

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005
LTC PLANNING AREA Jefferson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	58	187	0	0	49	0	294
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		32	0	0	0	0	32
Sheltered Care			0	0	0	0	0
TOTALS	58	219	0	0	49	0	326

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	117
Skilled Under 22	0	0
Intermediate DD	108	108
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	9	0	5	0	14
Hawaiian/Pac. Isl.	0	0	0	0	0
White	285	0	27	0	312
Race Unknown	0	0	0	0	0
Total	294	0	32	0	326

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	294	0	32	0	326
Ethnicity Unknown	0	0	0	0	0
Total	294	0	32	0	326

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.25
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	17.20
LPN's	40.00
Certified Aides	149.50
Other Health Staff	14.00
Non-Health Staff	87.50
Totals	316.45

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Johnson/Massac	Aggressive/Anti-Social	2
State of Illinois		Chronic Alcoholism	1
TOTAL FACILITIES	5	Developmentally Disabled	1
HOSPITAL BASED UNITS	0	Drug Addiction	1
FREE STANDING FACILITIES	5	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	3	Mental Illness	1
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	1
DD CARE BEDS ONLY	2	Non-Mobile	2
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	0	Ventilator Dependent	4
FOR PROFIT OWNERSHIP	5	Infectious Disease w/ Isolation	2
		Other Restrictions	0
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	273

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	312	306	274	306	242	70	203	312	282	245
Skilled Under 22	0	0	0	0	0	0		0		254
Intermediate DD	32	32	32	32	31	1		32		273
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	344	338	306	338	273	71	203	344		

LEVEL OF CARE	FACILITY UTILIZATION - 2006									
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE									
	Medicare		Medicaid		Other		TOTAL	Licensed Beds		Peak Beds Set Up
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	Occ. Pct.
Nursing Care	10339	14.0%	55111	48.4%	24655	90105	79.1%	80.7%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			11013	94.3%	0	11013	94.3%	94.3%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	10339	14.0%	66124	52.7%	24655	101118	80.5%	82.0%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	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	5	6	0	0	8	6	14
45 to 59	6	4	0	0	3	4	0	0	9	8	17
60 to 64	3	5	0	0	3	0	0	0	6	5	11
65 to 74	15	19	0	0	1	3	0	0	19	22	41
75 to 84	20	63	0	0	1	1	0	0	21	64	85
85+	14	90	0	0	0	1	0	0	14	91	105
TOTALS	61	181	0	0	16	15	0	0	77	196	273

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005
 LTC PLANNING AREA Johnson/Massac

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	136	19	1	52	0	242
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		31	0	0	0	0	31
Sheltered Care			0	0	0	0	0
TOTALS	34	167	19	1	52	0	273

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	96	89
Skilled Under 22	0	0
Intermediate DD	120	110
Shelter	0	95

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	10	0	2	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	231	0	29	0	260
Race Unknown	0	0	0	0	0
Total	242	0	31	0	273

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	242	0	29	0	271
Ethnicity Unknown	0	0	0	0	0
Total	242	0	31	0	273

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.10
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	8.90
LPN's	29.00
Certified Aides	99.75
Other Health Staff	6.00
Non-Health Staff	68.75
Totals	220.50

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Lawrence	Aggressive/Anti-Social	2
State of Illinois		Chronic Alcoholism	2
TOTAL FACILITIES	4	Developmentally Disabled	1
HOSPITAL BASED UNITS	0	Drug Addiction	2
FREE STANDING FACILITIES	4	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	1	Mental Illness	2
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	1	Non-Mobile	0
MULTI-LICENSED FACILITIES	2	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	1
NON-PROFIT OWNERSHIP	1	Ventilator Dependent	2
FOR PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	1
		Other Restrictions	1
		No Restrictions	3
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	270

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	383	366	283	366	255	128	268	446	279	404
Skilled Under 22	0	0	0	0	0	0		0		413
Intermediate DD	16	16	16	16	15	1		16		270
Sheltered Care	84	4	0	4	0	84				
TOTAL BEDS	483	386	299	386	270	213	268	462		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE		Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Pat. days	TOTAL Pat. days				
Nursing Care	9884	10.1%	54404	33.4%	30881	95169	68.1%	71.2%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5687	97.4%	0	5687	97.4%	97.4%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	9884	10.1%	60091	35.6%	30881	100856	57.2%	71.6%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	4	0	0	2	4	6
45 to 59	3	3	0	0	1	5	0	0	4	8	12
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	13	19	0	0	0	2	0	0	13	21	34
75 to 84	17	57	0	0	0	0	0	0	17	57	74
85+	31	108	0	0	0	1	0	0	31	109	140
TOTALS	66	189	0	0	3	12	0	0	69	201	270

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005
 LTC PLANNING AREA Lawrence

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	34	140	0	3	78	0	255
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	34	155	0	3	78	0	270

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	129	102
Skilled Under 22	0	0
Intermediate DD	204	102
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	250	0	15	0	265
Race Unknown	0	0	0	0	0
Total	255	0	15	0	270

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	255	0	0	0	255
Ethnicity Unknown	0	0	15	0	15
Total	255	0	15	0	270

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	30.25
LPN's	41.50
Certified Aides	130.25
Other Health Staff	4.00
Non-Health Staff	159.25
Totals	371.25

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Marion	Aggressive/Anti-Social	5
State of Illinois		Chronic Alcoholism	7
TOTAL FACILITIES	10	Developmentally Disabled	4
HOSPITAL BASED UNITS	0	Drug Addiction	7
FREE STANDING FACILITIES	10	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	6	Mental Illness	3
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	4	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	4	Ventilator Dependent	4
FOR PROFIT OWNERSHIP	6	Infectious Disease w/ Isolation	0
		Other Restrictions	1
		No Restrictions	3
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	651

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	605	603	553	603	518	87	331	595	644	1115
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	141	141	140	141	133	8		141		
Sheltered Care	0	0	0	0	0	0				651
TOTAL BEDS	746	744	693	744	651	95	331	736		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days				
Nursing Care	33650	27.9%	114994	52.9%	36996	185640	84.1%	84.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			49420	96.0%	0	49420	96.0%	96.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	33650	27.9%	164414	61.2%	36996	235060	86.3%	86.6%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	2	0	0	20	18	0	0	29	20	49
45 to 59	8	11	0	0	34	28	0	0	42	39	81
60 to 64	8	5	0	0	9	4	0	0	17	9	26
65 to 74	22	45	0	0	0	6	0	0	33	51	84
75 to 84	57	101	0	0	0	2	0	0	57	103	160
85+	54	196	0	0	1	0	0	0	55	196	251
TOTALS	158	360	0	0	75	58	0	0	233	418	651

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005
LTC PLANNING AREA Marion

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	95	331	2	3	87	0	518
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		133	0	0	0	0	133
Sheltered Care			0	0	0	0	0
TOTALS	95	464	2	3	87	0	651

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	112
Skilled Under 22	0	0
Intermediate DD	117	134
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	15	0	32	0	47
Hawaiian/Pac. Isl.	0	0	0	0	0
White	503	0	100	0	603
Race Unknown	0	0	0	0	0
Total	518	0	133	0	651

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	518	0	132	0	650
Ethnicity Unknown	0	0	0	0	0
Total	518	0	133	0	651

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	42.25
LPN's	83.50
Certified Aides	359.50
Other Health Staff	47.00
Non-Health Staff	207.00
Totals	754.25

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Perry	Aggressive/Anti-Social	2	DIAGNOSIS
State of Illinois		Chronic Alcoholism	2	Neoplasms
TOTAL FACILITIES	4	Developmentally Disabled	1	Endocrine/Metabolic
HOSPITAL BASED UNITS	1	Drug Addiction	2	Blood Disorders
FREE STANDING FACILITIES	3	Medicaid Recipient	0	*Nervous System
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease
NURSING CARE BEDS ONLY	4	Mental Illness	2	Mental Illness
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability
DD CARE BEDS ONLY	0	Non-Mobile	0	Circulatory System
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0	Respiratory System
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0	Digestive System
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	0	Genitourinary System Disorders
NON-PROFIT OWNERSHIP	0	Ventilator Dependent	4	Skin Disorders
FOR PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders
		Other Restrictions	1	Injuries and Poisonings
		No Restrictions	0	Other Medical Conditions
				Non-Medical Conditions
				TOTALS

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	260	254	206	254	175	85	36	260	193	223
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	260	254	206	254	175	85	36	260		241

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	2585	19.7%	40587	42.8%	26447	69619	73.4%	75.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2585	19.7%	40587	42.8%	26447	69619	73.4%	75.1%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	10	37	0	0	0	0	0	0	10	37	47
85+	10	93	0	0	0	0	0	0	10	93	103
TOTALS	30	145	0	0	0	0	0	0	30	145	175

HEALTH SERVICE AREA 005
 LTC PLANNING AREA Perry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	102	0	1	67	0	175
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	102	0	1	67	0	175

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	114	94
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	172	0	0	0	172
Race Unknown	0	0	0	0	0
Total	175	0	0	0	175

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	175	0	0	0	175
Ethnicity Unknown	0	0	0	0	0
Total	175	0	0	0	175

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	8.80
LPN's	22.01
Certified Aides	54.09
Other Health Staff	6.29
Non-Health Staff	41.95
Totals	140.14

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Randolph	Aggressive/Anti-Social	2
State of Illinois		Chronic Alcoholism	3
TOTAL FACILITIES	7	Developmentally Disabled	3
HOSPITAL BASED UNITS	0	Drug Addiction	4
FREE STANDING FACILITIES	7	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	5	Mental Illness	3
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	2	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	3	Ventilator Dependent	6
FOR PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	4
		Other Restrictions	1
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	399

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	492	458	405	458	370	122	170	492	406	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	401	Total Discharges 2006
Intermediate DD	32	32	31	32	29	3	32	32	408	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	399	
TOTAL BEDS	524	490	436	490	399	125	170	524		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	13591	21.9%	66854	37.2%	54835	135280	75.3%	80.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			10481	89.7%	0	10481	89.7%	89.7%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	13591	21.9%	77335	40.4%	54835	145761	76.2%	81.5%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	3	6	0	0	4	6	10
45 to 59	4	4	0	0	10	5	0	0	14	9	23
60 to 64	7	2	0	0	1	1	0	0	8	3	11
65 to 74	13	22	0	0	0	1	0	0	15	23	38
75 to 84	38	82	0	0	0	0	0	0	38	82	120
85+	40	157	0	0	0	0	0	0	40	157	197
TOTALS	103	267	0	0	16	13	0	0	119	280	399

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005
LTC PLANNING AREA Randolph

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	28	195	0	0	147	0	370
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		29	0	0	0	0	29
Sheltered Care			0	0	0	0	0
TOTALS	28	224	0	0	147	0	399

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	113	102
Skilled Under 22	0	0
Intermediate DD	217	108
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	6	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	365	0	23	0	388
Race Unknown	0	0	0	0	0
Total	370	0	29	0	399

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	370	0	29	0	399
Ethnicity Unknown	0	0	0	0	0
Total	370	0	29	0	399

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.00
Physicians	0.00
Director of Nursing	6.00
Registered Nurses	14.50
LPN's	49.50
Certified Aides	144.50
Other Health Staff	30.50
Non-Health Staff	121.00
Totals	373.00

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Richland	Aggressive/Anti-Social	3
State of Illinois		Chronic Alcoholism	2
TOTAL FACILITIES	4	Developmentally Disabled	1
HOSPITAL BASED UNITS	1	Drug Addiction	3
FREE STANDING FACILITIES	3	Medicaid Recipient	1
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	3	Mental Illness	3
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	1
DD CARE BEDS ONLY	1	Non-Mobile	1
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	1
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	1	Ventilator Dependent	3
FOR PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	1
		Other Restrictions	0
		No Restrictions	1
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	275

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	308	275	267	270	259	49	288	254	261	395
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	16	16	16	16	16	0		16		381
Sheltered Care	0	0	0	0	0	0				275
TOTAL BEDS	324	291	283	286	275	49	288	270		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	11373	10.8%	48576	52.4%	30835	90784	80.8%	90.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			5346	91.5%	0	5346	91.5%	91.5%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	11373	10.8%	53922	54.7%	30835	96130	81.3%	90.5%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	4	0	0	4	3	0	0	4	7	11
45 to 59	3	5	0	0	2	2	0	0	5	7	12
60 to 64	6	5	0	0	1	3	0	0	7	8	15
65 to 74	18	21	0	0	0	0	0	0	19	21	40
75 to 84	19	55	0	0	0	0	0	0	19	55	74
85+	21	102	0	0	0	0	0	0	21	102	123
TOTALS	67	192	0	0	8	8	0	0	75	200	275

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005
LTC PLANNING AREA Richland

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	138	0	0	91	0	259
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	30	154	0	0	91	0	275

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	106	103
Skilled Under 22	0	0
Intermediate DD	130	130
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	2	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	258	0	14	0	272
Race Unknown	0	0	0	0	0
Total	259	0	16	0	275

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	259	0	16	0	275
Ethnicity Unknown	0	0	0	0	0
Total	259	0	16	0	275

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.50
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	29.65
LPN's	17.30
Certified Aides	98.75
Other Health Staff	1.90
Non-Health Staff	75.75
Totals	230.85

HEALTH SERVICE AREA 005
 LTC PLANNING AREA Union

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	17	156	8	1	82	0	264
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		170	0	0	0	0	170
Sheltered Care			0	0	0	0	0
TOTALS	17	326	8	1	82	0	434

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	88	74
Skilled Under 22	0	0
Intermediate DD	118	118
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	17	0	31	0	48
Hawaiian/Pac. Isl.	0	0	0	0	0
White	245	0	139	0	384
Race Unknown	1	0	0	0	1
Total	264	0	170	0	434

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	2	0	5
Non-Hispanic	261	0	168	0	429
Ethnicity Unknown	0	0	0	0	0
Total	264	0	170	0	434

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	11.00
Physicians	1.00
Director of Nursing	8.00
Registered Nurses	18.00
LPN's	38.00
Certified Aides	186.50
Other Health Staff	31.50
Non-Health Staff	116.23
Totals	410.23

HEALTH SERVICE AREA		005	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Washington		Aggressive/Anti-Social	2	DIAGNOSIS	
State of Illinois			Chronic Alcoholism	3	Neoplasms	2
TOTAL FACILITIES	5		Developmentally Disabled	0	Endocrine/Metabolic	3
HOSPITAL BASED UNITS	1		Drug Addiction	4	Blood Disorders	1
FREE STANDING FACILITIES	4		Medicaid Recipient	1	*Nervous System	8
FACILITIES LICENSED FOR:			Medicare Recipient	1	Alzheimer Disease	18
NURSING CARE BEDS ONLY	2		Mental Illness	1	Mental Illness	8
SHELTERED CARE BEDS ONLY	0		Non-Ambulatory	0	Developmental Disability	36
DD CARE BEDS ONLY	3		Non-Mobile	0	Circulatory System	40
MULTI-LICENSED FACILITIES	0		Public Aid Recipient	1	Respiratory System	4
FACILITIES REPORTED BY OWNERSHIP TYPE			Under 65 Years Old	0	Digestive System	4
GOVERNMENTAL OWNERSHIP	1		Unable to Self-Medicat	0	Genitourinary System Disorders	0
NON-PROFIT OWNERSHIP	2		Ventilator Dependent	4	Skin Disorders	4
FOR PROFIT OWNERSHIP	2		Infectious Disease w/ Isolation	3	Musculo-skeletal Disorders	4
			Other Restrictions	0	Injuries and Poisonings	11
			No Restrictions	1	Other Medical Conditions	12
					Non-Medical Conditions	0
					TOTALS	155

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	263	263	149	263	120	143	37	230	181	172
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	48	48	41	48	35	13		48		198
Sheltered Care	0	0	0	0	0	0				155
TOTAL BEDS	311	311	190	311	155	156	37	278		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	3691	27.3%	21476	25.6%	23296	48463	50.5%	50.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			12666	72.3%	0	12666	72.3%	72.3%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3691	27.3%	34142	33.6%	23296	61129	53.9%	53.9%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	3	0	0	2	3	5
45 to 59	0	2	0	0	8	11	0	0	8	13	21
60 to 64	1	2	0	0	0	1	0	0	1	3	4
65 to 74	4	6	0	0	1	4	0	0	8	10	18
75 to 84	19	25	0	0	1	1	0	0	20	26	46
85+	16	45	0	0	0	0	0	0	16	45	61
TOTALS	40	80	0	0	15	20	0	0	55	100	155

HEALTH SERVICE AREA 005
 LTC PLANNING AREA Washington

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	53	0	0	54	0	120
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		35	0	0	0	0	35
Sheltered Care			0	0	0	0	0
TOTALS	13	88	0	0	54	0	155

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	121	98
Skilled Under 22	0	0
Intermediate DD	197	116
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	8	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	120	0	27	0	147
Race Unknown	0	0	0	0	0
Total	120	0	35	0	155

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	120	0	34	0	154
Ethnicity Unknown	0	0	0	0	0
Total	120	0	35	0	155

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	19.30
Certified Aides	55.30
Other Health Staff	28.50
Non-Health Staff	43.00
Totals	155.60

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Wayne	Aggressive/Anti-Social	2
State of Illinois		Chronic Alcoholism	3
TOTAL FACILITIES	5	Developmentally Disabled	2
HOSPITAL BASED UNITS	1	Drug Addiction	4
FREE STANDING FACILITIES	4	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	3	Mental Illness	2
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	1
DD CARE BEDS ONLY	2	Non-Mobile	1
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	2	Ventilator Dependent	3
FOR PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	2
		Other Restrictions	0
		No Restrictions	1
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	155

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	169	162	132	157	123	46	134	139	165	303
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	32	32	32	32	32	0		32		313
Sheltered Care	0	0	0	0	0	0				155
TOTAL BEDS	201	194	164	189	155	46	134	171		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE		
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.	
Nursing Care	4451	9.1%	27595	54.4%	11825	43871	71.1%	74.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			11546	98.9%	0	11546	98.9%	98.9%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4451	9.1%	39141	62.7%	11825	55417	75.5%	78.3%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	6	0	0	5	6	11
45 to 59	1	5	0	0	3	8	0	0	4	13	17
60 to 64	2	2	0	0	2	0	0	0	4	2	6
65 to 74	6	8	0	0	1	2	0	0	8	10	18
75 to 84	13	21	0	0	1	2	0	0	14	23	37
85+	9	56	0	0	1	0	0	0	10	56	66
TOTALS	31	92	0	0	14	18	0	0	45	110	155

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005
LTC PLANNING AREA Wayne

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	16	78	0	0	29	0	123
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		32	0	0	0	0	32
Sheltered Care			0	0	0	0	0
TOTALS	16	110	0	0	29	0	155

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	117	107
Skilled Under 22	0	0
Intermediate DD	115	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	123	0	32	0	155
Race Unknown	0	0	0	0	0
Total	123	0	32	0	155

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	123	0	31	0	154
Ethnicity Unknown	0	0	0	0	0
Total	123	0	32	0	155

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.25
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	21.20
LPN's	10.00
Certified Aides	80.00
Other Health Staff	8.00
Non-Health Staff	39.50
Totals	164.95

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	White	Aggressive/Anti-Social	1
State of Illinois		Chronic Alcoholism	1
TOTAL FACILITIES	4	Developmentally Disabled	0
HOSPITAL BASED UNITS	0	Drug Addiction	1
FREE STANDING FACILITIES	4	Medicaid Recipient	1
FACILITIES LICENSED FOR:		Medicare Recipient	1
NURSING CARE BEDS ONLY	3	Mental Illness	0
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	1
DD CARE BEDS ONLY	1	Non-Mobile	1
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	1
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	1
NON-PROFIT OWNERSHIP	1	Ventilator Dependent	1
FOR PROFIT OWNERSHIP	3	Infectious Disease w/ Isolation	2
		Other Restrictions	1
		No Restrictions	2
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	241

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	281	271	255	270	225	56	158	293	259	159
Skilled Under 22	0	0	0	0	0	0		0		177
Intermediate DD	16	16	16	16	16	0		16		241
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	297	287	271	286	241	56	158	309		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	6935	12.0%	54098	50.6%	25096	86129	84.0%	87.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			5503	94.2%	0	5503	94.2%	94.2%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6935	12.0%	59601	52.8%	25096	91632	84.5%	87.5%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	1	0	0	0	1	0	1
18 to 44	0	0	0	0	0	3	0	0	0	3	3
45 to 59	3	2	0	0	2	5	0	0	5	7	12
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	7	20	0	0	1	3	0	0	7	23	30
75 to 84	20	47	0	0	1	1	0	0	21	48	69
85+	22	101	0	0	0	0	0	0	22	101	123
TOTALS	54	171	0	0	4	12	0	0	58	183	241

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005
 LTC PLANNING AREA White

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	147	1	1	62	0	225
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	14	163	1	1	62	0	241

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	129	98
Skilled Under 22	0	0
Intermediate DD	0	106
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	225	0	11	0	236
Race Unknown	0	0	0	0	0
Total	225	0	16	0	241

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	225	0	16	0	241
Ethnicity Unknown	0	0	0	0	0
Total	225	0	16	0	241

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	0.00
Director of Nursing	5.00
Registered Nurses	18.50
LPN's	33.25
Certified Aides	107.00
Other Health Staff	24.00
Non-Health Staff	79.00
Totals	270.75

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Williamson	Aggressive/Anti-Social	3
State of Illinois		Chronic Alcoholism	3
TOTAL FACILITIES	9	Developmentally Disabled	3
HOSPITAL BASED UNITS	0	Drug Addiction	3
FREE STANDING FACILITIES	9	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	5	Mental Illness	2
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	4	Non-Mobile	2
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	1
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	1	Ventilator Dependent	7
FOR PROFIT OWNERSHIP	8	Infectious Disease w/ Isolation	3
		Other Restrictions	1
		No Restrictions	1
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	500

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	548	548	513	548	448	100	274	512	491	710
Skilled Under 22	0	0	0	0	0	0		0		701
Intermediate DD	111	64	62	64	52	59		111		500
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	659	612	575	612	500	159	274	623		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds		Peak Beds Set Up	
	Medicare		Medicaid		Other			Occ. Pct.	Occ. Pct.		
Nursing Care	25539	25.5%	97663	52.3%	42979	166181	83.1%	83.1%			
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%			
Intermediate DD			20259	50.0%	0	20259	50.0%	86.7%			
Sheltered Care					0	0	0.0%	0.0%			
TOTALS	25539	25.5%	117922	51.9%	42979	186440	77.5%	83.5%			

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006											
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	5	4	0	0	8	4	0	0	13	8	21	
45 to 59	9	12	0	0	11	11	0	0	20	23	43	
60 to 64	5	5	0	0	3	6	0	0	8	11	19	
65 to 74	24	40	0	0	3	2	0	0	27	42	69	
75 to 84	28	96	0	0	3	1	0	0	31	97	128	
85+	43	177	0	0	0	0	0	0	43	177	220	
TOTALS	114	334	0	0	28	24	0	0	142	358	500	

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005
LTC PLANNING AREA Williamson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	75	253	16	2	102	0	448
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		52	0	0	0	0	52
Sheltered Care			0	0	0	0	0
TOTALS	75	305	16	2	102	0	500

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	107
Skilled Under 22	0	0
Intermediate DD	112	110
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	12	0	3	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	436	0	49	0	485
Race Unknown	0	0	0	0	0
Total	448	0	52	0	500

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	448	0	52	0	500
Ethnicity Unknown	0	0	0	0	0
Total	448	0	52	0	500

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	9.00
Physicians	0.00
Director of Nursing	6.00
Registered Nurses	17.75
LPN's	39.25
Certified Aides	192.00
Other Health Staff	33.65
Non-Health Staff	131.75
Totals	429.40

HEALTH SERVICE AREA		006	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Planning Area 6-A		Aggressive/Anti-Social	34	DIAGNOSIS	
	State of Illinois		Chronic Alcoholism	30	Neoplasms	214
TOTAL FACILITIES	62		Developmentally Disabled	31	Endocrine/Metabolic	580
HOSPITAL BASED UNITS	3		Drug Addiction	37	Blood Disorders	125
FREE STANDING FACILITIES	59		Medicaid Recipient	5	*Nervous System	347
FACILITIES LICENSED FOR:			Medicare Recipient	3	Alzheimer Disease	346
NURSING CARE BEDS ONLY	42		Mental Illness	25	Mental Illness	2126
SHELTERED CARE BEDS ONLY	0		Non-Ambulatory	15	Developmental Disability	562
DD CARE BEDS ONLY	13		Non-Mobile	18	Circulatory System	972
MULTI-LICENSED FACILITIES	7		Public Aid Recipient	4	Respiratory System	448
FACILITIES REPORTED BY OWNERSHIP TYPE			Under 65 Years Old	3	Digestive System	211
GOVERNMENTAL OWNERSHIP	1		Unable to Self-Medicare	11	Genitourinary System Disorders	155
NON-PROFIT OWNERSHIP	24		Ventilator Dependent	48	Skin Disorders	119
FOR PROFIT OWNERSHIP	37		Infectious Disease w/ Isolation	17	Musculo-skeletal Disorders	319
			Other Restrictions	9	Injuries and Poisonings	79
			No Restrictions	2	Other Medical Conditions	281
					Non-Medical Conditions	16
					TOTALS	6900

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	7746	7584	6748	7448	6258	1488	4013	7356	6931	Total Admissions 2006
Skilled Under 22	150	110	102	110	97	53		150	11894	Total Discharges 2006
Intermediate DD	357	357	357	357	357	0		381	6900	Residents on 12/31/2006
Sheltered Care	369	303	197	294	188	181				
TOTAL BEDS	8622	8354	7404	8209	6900	1722	4013	7887		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	159570	10.9%	1911239	71.2%	212534	2283343	80.8%	82.5%	
Skilled Under 22			32082	58.6%	0	32082	58.6%	79.9%	
Intermediate DD			129696	93.3%	365	130061	99.8%	99.8%	
Sheltered Care					67330	67330	50.0%	60.9%	
TOTALS	159570	10.9%	2073017	72.0%	280229	2512816	79.8%	82.4%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	27	21	0	0	0	0	27	21	48
18 to 44	508	257	25	16	108	170	0	0	641	443	1084
45 to 59	1135	525	3	4	23	55	0	0	1161	584	1745
60 to 64	322	212	0	0	0	1	0	1	322	214	536
65 to 74	494	496	1	0	0	0	3	2	498	498	996
75 to 84	436	701	0	0	0	0	14	43	450	744	1194
85+	300	872	0	0	0	0	13	112	313	984	1297
TOTALS	3195	3063	56	41	131	226	30	158	3412	3488	6900

HEALTH SERVICE AREA 006
 LTC PLANNING AREA Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	457	5173	87	35	488	18	6258
Skilled Under 22	0	97	0	0	0	0	97
ICF/DD		356	0	0	1	0	357
Sheltered Care			0	0	178	10	188
TOTALS	457	5626	87	35	667	28	6900

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	172
Skilled Under 22	188	188
Intermediate DD	195	190
Shelter	122	77

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	309	4	5	1	319
Amer. Indian	12	0	0	0	12
Black	1743	62	24	2	1831
Hawaiian/Pac. Isl.	11	0	4	0	15
White	4099	31	323	185	4638
Race Unknown	84	0	1	0	85
Total	6258	97	357	188	6900

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	482	14	7	0	503
Non-Hispanic	5759	83	346	188	6376
Ethnicity Unknown	17	0	4	0	21
Total	6258	97	357	188	6900

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	68.25
Physicians	2.20
Director of Nursing	55.00
Registered Nurses	628.94
LPN's	406.16
Certified Aides	2085.98
Other Health Staff	458.69
Non-Health Staff	1981.25
Totals	5686.47

HEALTH SERVICE AREA		006	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Planning Area 6-B		Aggressive/Anti-Social	13	DIAGNOSIS	
	State of Illinois		Chronic Alcoholism	10	Neoplasms	87
TOTAL FACILITIES	28		Developmentally Disabled	14	Endocrine/Metabolic	328
HOSPITAL BASED UNITS	3		Drug Addiction	13	Blood Disorders	50
FREE STANDING FACILITIES	25		Medicaid Recipient	5	*Nervous System	146
FACILITIES LICENSED FOR:			Medicare Recipient	2	Alzheimer Disease	238
NURSING CARE BEDS ONLY	25		Mental Illness	11	Mental Illness	1495
SHELTERED CARE BEDS ONLY	0		Non-Ambulatory	6	Developmental Disability	71
DD CARE BEDS ONLY	1		Non-Mobile	8	Circulatory System	489
MULTI-LICENSED FACILITIES	2		Public Aid Recipient	1	Respiratory System	206
FACILITIES REPORTED BY OWNERSHIP TYPE			Under 65 Years Old	3	Digestive System	58
GOVERNMENTAL OWNERSHIP	1		Unable to Self-Medicare	3	Genitourinary System Disorders	52
NON-PROFIT OWNERSHIP	6		Ventilator Dependent	19	Skin Disorders	55
FOR PROFIT OWNERSHIP	21		Infectious Disease w/ Isolation	8	Musculo-skeletal Disorders	124
			Other Restrictions	5	Injuries and Poisonings	59
			No Restrictions	0	Other Medical Conditions	222
					Non-Medical Conditions	11
					TOTALS	3691

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	4206	4159	3928	4141	3617	589	2004	3701	3757	6080
Skilled Under 22	48	48	44	48	41	7		0		
Intermediate DD	12	12	12	12	12	0		12		
Sheltered Care	30	30	23	30	21	9				
TOTAL BEDS	4296	4249	4007	4231	3691	605	2004	3713		6146
										Residents on 12/31/2006
										3691

FACILITY UTILIZATION - 2006									
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE									
LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	161246	22.0%	1008543	74.7%	85582	1255371	81.8%	82.7%	
Skilled Under 22			0	#Div/0!	14720	14720	84.0%	84.0%	
Intermediate DD			4380	100.0%	0	4380	100.0%	100.0%	
Sheltered Care					7179	7179	65.6%	65.6%	
TOTALS	161246	22.0%	1012923	74.7%	107481	1281650	81.7%	82.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	11	10	0	0	0	0	11	10	21
18 to 44	327	151	10	10	5	2	0	0	342	163	505
45 to 59	725	352	0	0	2	2	0	0	727	354	1081
60 to 64	200	120	0	0	0	1	0	0	200	121	321
65 to 74	291	251	0	0	0	0	0	0	291	251	542
75 to 84	278	407	0	0	0	0	3	3	281	410	691
85+	120	395	0	0	0	0	4	11	124	406	530
TOTALS	1941	1676	21	20	7	5	7	14	1976	1715	3691

HEALTH SERVICE AREA 006
 LTC PLANNING AREA Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	317	3051	27	17	205	0	3617
Skilled Under 22	0	0	41	0	0	0	41
ICF/DD		12	0	0	0	0	12
Sheltered Care			0	0	21	0	21
TOTALS	317	3063	68	17	226	0	3691

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	177
Skilled Under 22	360	360
Intermediate DD	118	118
Shelter	106	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	33	0	0	0	33
Amer. Indian	0	0	0	0	0
Black	1771	25	0	0	1796
Hawaiian/Pac. Isl.	2	0	0	0	2
White	1770	16	12	21	1819
Race Unknown	41	0	0	0	41
Total	3617	41	12	21	3691

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	441	7	5	0	453
Non-Hispanic	3169	34	7	21	3231
Ethnicity Unknown	7	0	0	0	7
Total	3617	41	12	21	3691

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	41.00
Physicians	21.50
Director of Nursing	26.50
Registered Nurses	262.85
LPN's	246.68
Certified Aides	953.29
Other Health Staff	233.74
Non-Health Staff	904.46
Totals	2690.02

HEALTH SERVICE AREA		006	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Planning Area 6-C		Aggressive/Anti-Social	11	DIAGNOSIS	
	State of Illinois		Chronic Alcoholism	8	Neoplasms	153
TOTAL FACILITIES	31		Developmentally Disabled	13	Endocrine/Metabolic	591
HOSPITAL BASED UNITS	1		Drug Addiction	16	Blood Disorders	190
FREE STANDING FACILITIES	30		Medicaid Recipient	0	*Nervous System	228
FACILITIES LICENSED FOR:			Medicare Recipient	0	Alzheimer Disease	447
NURSING CARE BEDS ONLY	24		Mental Illness	8	Mental Illness	618
SHELTERED CARE BEDS ONLY	0		Non-Ambulatory	5	Developmental Disability	302
DD CARE BEDS ONLY	6		Non-Mobile	2	Circulatory System	633
MULTI-LICENSED FACILITIES	1		Public Aid Recipient	2	Respiratory System	371
FACILITIES REPORTED BY OWNERSHIP TYPE			Under 65 Years Old	2	Digestive System	148
GOVERNMENTAL OWNERSHIP	0		Unable to Self-Medicare	1	Genitourinary System Disorders	111
NON-PROFIT OWNERSHIP	9		Ventilator Dependent	22	Skin Disorders	71
FOR PROFIT OWNERSHIP	22		Infectious Disease w/ Isolation	5	Musculo-skeletal Disorders	176
			Other Restrictions	3	Injuries and Poisonings	66
			No Restrictions	1	Other Medical Conditions	259
					Non-Medical Conditions	0
					TOTALS	4364

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	5082	4963	4391	4959	4094	988	3119	5011	4358	6242
Skilled Under 22	105	105	105	105	105	0		99		
Intermediate DD	220	220	197	220	165	55		220		6236
Sheltered Care	0	0	0	0	0	0				4364
TOTAL BEDS	5407	5288	4693	5284	4364	1043	3119	5330		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	154145	13.5%	1238569	67.7%	109566	1502280	81.0%	82.9%	
Skilled Under 22			35046	97.0%	2374	37420	97.6%	97.6%	
Intermediate DD			63137	78.6%	365	63502	79.1%	79.1%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	154145	13.5%	1336752	68.7%	112305	1603202	81.2%	83.1%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	23	20	0	0	0	0	23	20	43
18 to 44	220	152	35	25	52	31	0	0	307	208	515
45 to 59	565	310	1	1	40	21	0	0	606	332	938
60 to 64	166	158	0	0	7	2	0	0	173	160	333
65 to 74	325	289	0	0	0	1	0	0	335	290	625
75 to 84	406	579	0	0	0	0	0	0	406	579	985
85+	221	703	0	0	1	0	0	0	222	703	925
TOTALS	1903	2191	59	46	110	55	0	0	2072	2292	4364

HEALTH SERVICE AREA 006
 LTC PLANNING AREA Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	389	3440	62	8	191	4	4094
Skilled Under 22	0	98	0	0	7	0	105
ICF/DD		164	0	0	1	0	165
Sheltered Care			0	0	0	0	0
TOTALS	389	3702	62	8	199	4	4364

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	144	130
Skilled Under 22	254	254
Intermediate DD	134	126
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	65	4	0	0	69
Amer. Indian	125	0	0	0	125
Black	3520	25	128	0	3673
Hawaiian/Pac. Isl.	9	0	0	0	9
White	364	76	24	0	464
Race Unknown	11	0	13	0	24
Total	4094	105	165	0	4364

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	104	13	13	0	130
Non-Hispanic	3797	92	152	0	4041
Ethnicity Unknown	193	0	0	0	193
Total	4094	105	165	0	4364

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	34.00
Physicians	0.88
Director of Nursing	29.00
Registered Nurses	150.15
LPN's	505.22
Certified Aides	1487.26
Other Health Staff	201.13
Non-Health Staff	1378.53
Totals	3786.15

HEALTH SERVICE AREA		007	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Planning Area 7-A		Aggressive/Anti-Social	21	DIAGNOSIS	
	State of Illinois		Chronic Alcoholism	16	Neoplasms	79
TOTAL FACILITIES	24		Developmentally Disabled	11	Endocrine/Metabolic	141
HOSPITAL BASED UNITS	0		Drug Addiction	19	Blood Disorders	61
FREE STANDING FACILITIES	24		Medicaid Recipient	1	*Nervous System	99
FACILITIES LICENSED FOR:			Medicare Recipient	0	Alzheimer Disease	306
NURSING CARE BEDS ONLY	13		Mental Illness	15	Mental Illness	113
SHELTERED CARE BEDS ONLY	0		Non-Ambulatory	0	Developmental Disability	295
DD CARE BEDS ONLY	5		Non-Mobile	1	Circulatory System	448
MULTI-LICENSED FACILITIES	6		Public Aid Recipient	3	Respiratory System	233
FACILITIES REPORTED BY OWNERSHIP TYPE			Under 65 Years Old	2	Digestive System	118
GOVERNMENTAL OWNERSHIP	0		Unable to Self-Medicare	0	Genitourinary System Disorders	124
NON-PROFIT OWNERSHIP	9		Ventilator Dependent	20	Skin Disorders	44
FOR PROFIT OWNERSHIP	15		Infectious Disease w/ Isolation	4	Musculo-skeletal Disorders	202
			Other Restrictions	2	Injuries and Poisonings	177
			No Restrictions	2	Other Medical Conditions	435
					Non-Medical Conditions	0
					TOTALS	2875

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	2943	2850	2571	2847	2372	571	2206	1839	2966	7970
Skilled Under 22	57	57	57	57	56	1		55		
Intermediate DD	239	239	237	239	233	6		239		
Sheltered Care	305	269	226	260	214	91				
TOTAL BEDS	3544	3415	3091	3403	2875	669	2206	2133		8061
										2875

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	170405	21.2%	398648	59.4%	311795	880848	82.0%	84.7%	
Skilled Under 22			19777	98.5%	366	20143	96.8%	96.8%	
Intermediate DD			84094	96.4%	730	84824	97.2%	97.2%	
Sheltered Care					78140	78140	70.2%	79.6%	
TOTALS	170405	21.2%	502519	64.5%	391031	1063955	82.3%	85.4%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	1	0	9	9	0	0	0	0	10	9	19
18 to 44	9	6	21	16	51	32	0	0	81	54	135
45 to 59	35	42	1	0	42	54	0	0	78	96	174
60 to 64	7	37	0	0	10	9	0	0	17	46	63
65 to 74	72	147	0	0	5	17	0	6	84	170	254
75 to 84	229	490	0	0	5	1	15	26	249	517	766
85+	213	1084	0	0	0	0	20	147	233	1231	1464
TOTALS	566	1806	31	25	120	113	35	179	752	2123	2875

HEALTH SERVICE AREA 007
LTC PLANNING AREA Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	454	1063	4	109	734	8	2372
Skilled Under 22	0	55	0	0	1	0	56
ICF/DD		231	0	0	2	0	233
Sheltered Care			4	0	201	9	214
TOTALS	454	1349	8	109	938	17	2875

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	213	183
Skilled Under 22	250	250
Intermediate DD	141	140
Shelter	130	107

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	28	1	4	1	34
Amer. Indian	7	0	0	0	7
Black	19	13	12	0	44
Hawaiian/Pac. Isl.	3	0	0	1	4
White	2310	42	217	212	2781
Race Unknown	5	0	0	0	5
Total	2372	56	233	214	2875

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	27	11	3	1	42
Non-Hispanic	2340	45	230	213	2828
Ethnicity Unknown	5	0	0	0	5
Total	2372	56	233	214	2875

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	29.00
Physicians	0.50
Director of Nursing	22.00
Registered Nurses	378.34
LPN's	131.54
Certified Aides	1134.39
Other Health Staff	289.68
Non-Health Staff	849.96
Totals	2835.41

HEALTH SERVICE AREA		007	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Planning Area 7-B		Aggressive/Anti-Social	26	DIAGNOSIS	
	State of Illinois		Chronic Alcoholism	24	Neoplasms	134
TOTAL FACILITIES	47		Developmentally Disabled	34	Endocrine/Metabolic	480
HOSPITAL BASED UNITS	1		Drug Addiction	33	Blood Disorders	65
FREE STANDING FACILITIES	46		Medicaid Recipient	8	*Nervous System	306
FACILITIES LICENSED FOR:			Medicare Recipient	3	Alzheimer Disease	839
NURSING CARE BEDS ONLY	37		Mental Illness	26	Mental Illness	966
SHELTERED CARE BEDS ONLY	0		Non-Ambulatory	2	Developmental Disability	241
DD CARE BEDS ONLY	2		Non-Mobile	3	Circulatory System	964
MULTI-LICENSED FACILITIES	8		Public Aid Recipient	7	Respiratory System	435
FACILITIES REPORTED BY OWNERSHIP TYPE			Under 65 Years Old	5	Digestive System	154
GOVERNMENTAL OWNERSHIP	0		Unable to Self-Medicare	1	Genitourinary System Disorders	171
NON-PROFIT OWNERSHIP	17		Ventilator Dependent	38	Skin Disorders	72
FOR PROFIT OWNERSHIP	30		Infectious Disease w/ Isolation	6	Musculo-skeletal Disorders	530
			Other Restrictions	4	Injuries and Poisonings	158
			No Restrictions	0	Other Medical Conditions	506
					Non-Medical Conditions	15
					TOTALS	6036

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	7121	6880	6195	6551	5676	1445	4366	5886	6056	16998
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	147	147	147	147	146	1		147		
Sheltered Care	386	348	251	348	214	172				17018
TOTAL BEDS	7654	7375	6593	7046	6036	1618	4366	6033		6036

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	304817	19.1%	1172777	54.6%	611301	2088895	80.4%	83.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			52669	98.2%	0	52669	98.2%	98.2%	
Sheltered Care					80291	80291	57.0%	63.2%	
TOTALS	304817	19.1%	1225446	55.7%	691592	2221855	79.5%	82.5%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	2	0	0	0	0	0	0	0	2	2
18 to 44	172	96	0	0	37	20	1	0	210	116	326
45 to 59	445	324	0	0	36	16	0	0	481	340	821
60 to 64	130	137	0	0	10	3	1	0	141	140	281
65 to 74	262	326	0	0	1	6	7	1	282	333	615
75 to 84	476	997	0	0	1	3	26	33	503	1033	1536
85+	427	1878	0	0	1	0	49	100	477	1978	2455
TOTALS	1912	3760	0	0	98	48	84	134	2094	3942	6036

HEALTH SERVICE AREA 007
LTC PLANNING AREA Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	802	3242	68	79	1401	83	5675
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		146	0	0	0	0	146
Sheltered Care			0	1	160	54	215
TOTALS	802	3388	68	80	1561	137	6036

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	228	178
Skilled Under 22	0	0
Intermediate DD	104	148
Shelter	143	127

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	295	0	4	6	305
Amer. Indian	4	0	1	0	5
Black	361	0	31	2	394
Hawaiian/Pac. Isl.	5	0	1	0	6
White	4965	0	109	209	5283
Race Unknown	42	0	0	1	43
Total	5672	0	146	220	6036

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	149	0	12	2	163
Non-Hispanic	5329	0	134	164	5627
Ethnicity Unknown	197	0	0	49	246
Total	5675	0	146	215	6036

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	51.80
Physicians	2.10
Director of Nursing	49.00
Registered Nurses	731.08
LPN's	285.09
Certified Aides	2113.46
Other Health Staff	506.75
Non-Health Staff	1812.03
Totals	5551.31

HEALTH SERVICE AREA		007	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Planning Area 7-C		Aggressive/Anti-Social	31	DIAGNOSIS	
	State of Illinois		Chronic Alcoholism	31	Neoplasms	89
TOTAL FACILITIES	44		Developmentally Disabled	26	Endocrine/Metabolic	296
HOSPITAL BASED UNITS	1		Drug Addiction	33	Blood Disorders	48
FREE STANDING FACILITIES	43		Medicaid Recipient	7	*Nervous System	449
FACILITIES LICENSED FOR:			Medicare Recipient	1	Alzheimer Disease	718
NURSING CARE BEDS ONLY	31		Mental Illness	31	Mental Illness	408
SHELTERED CARE BEDS ONLY	0		Non-Ambulatory	1	Developmental Disability	310
DD CARE BEDS ONLY	5		Non-Mobile	0	Circulatory System	788
MULTI-LICENSED FACILITIES	8		Public Aid Recipient	5	Respiratory System	395
FACILITIES REPORTED BY OWNERSHIP TYPE			Under 65 Years Old	4	Digestive System	205
GOVERNMENTAL OWNERSHIP	1		Unable to Self-Medicare	1	Genitourinary System Disorders	192
NON-PROFIT OWNERSHIP	12		Ventilator Dependent	38	Skin Disorders	72
FOR PROFIT OWNERSHIP	31		Infectious Disease w/ Isolation	7	Musculo-skeletal Disorders	371
			Other Restrictions	2	Injuries and Poisonings	314
			No Restrictions	0	Other Medical Conditions	646
					Non-Medical Conditions	117
					TOTALS	5418

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2006			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	5948	5699	5318	5620	4895	1053	3478	4829	5533	
Skilled Under 22	181	181	173	35	133	48		181	12291	
Intermediate DD	164	161	148	161	137	27		148		
Sheltered Care	317	295	280	295	253	64				
TOTAL BEDS	6610	6336	5919	6111	5418	1192	3478	5158		12406
										Residents on 12/31/2006
										5418

LEVEL OF CARE	FACILITY UTILIZATION - 2006						BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE		Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Pat. days	TOTAL Pat. days				
Nursing Care	275128	21.7%	1028275	58.3%	516302	1819705		83.8%	87.5%	
Skilled Under 22			55202	83.6%	351	55553		84.1%	84.1%	
Intermediate DD			51838	96.0%	342	52180		87.2%	88.8%	
Sheltered Care					88945	88945		76.9%	82.6%	
TOTALS	275128	21.7%	1135315	60.3%	605940	2016383		83.6%	87.2%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	31	16	0	0	0	0	31	16	47
18 to 44	93	66	45	32	29	23	0	0	167	121	288
45 to 59	217	193	3	6	35	36	0	0	255	235	490
60 to 64	75	153	0	0	4	4	0	3	79	160	239
65 to 74	237	381	0	0	2	1	0	6	240	388	628
75 to 84	421	964	0	0	2	0	15	46	438	1010	1448
85+	360	1735	0	0	0	0	41	142	401	1877	2278
TOTALS	1403	3492	79	54	73	64	56	197	1611	3807	5418

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 007
 LTC PLANNING AREA Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	745	2693	33	172	1249	3	4895
Skilled Under 22	0	133	0	0	0	0	133
ICF/DD		136	0	0	1	0	137
Sheltered Care			0	0	251	2	253
TOTALS	745	2962	33	172	1501	5	5418

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	204
Skilled Under 22	0	241
Intermediate DD	210	194
Shelter	167	95

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	103	3	2	2	110
Amer. Indian	7	0	0	0	7
Black	158	37	19	1	215
Hawaiian/Pac. Isl.	2	0	0	0	2
White	4591	75	116	250	5032
Race Unknown	34	18	0	0	52
Total	4895	133	137	253	5418

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	106	16	2	0	124
Non-Hispanic	4761	99	135	253	5248
Ethnicity Unknown	28	18	0	0	46
Total	4895	133	137	253	5418

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	49.00
Physicians	1.25
Director of Nursing	39.00
Registered Nurses	586.48
LPN's	333.58
Certified Aides	1836.34
Other Health Staff	496.83
Non-Health Staff	1648.68
Totals	4991.16

HEALTH SERVICE AREA		007	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Planning Area 7-D		Aggressive/Anti-Social	11	DIAGNOSIS	
	State of Illinois		Chronic Alcoholism	9	Neoplasms	68
TOTAL FACILITIES	20		Developmentally Disabled	14	Endocrine/Metabolic	184
HOSPITAL BASED UNITS	3		Drug Addiction	10	Blood Disorders	35
FREE STANDING FACILITIES	17		Medicaid Recipient	3	*Nervous System	123
FACILITIES LICENSED FOR:			Medicare Recipient	2	Alzheimer Disease	281
NURSING CARE BEDS ONLY	14		Mental Illness	10	Mental Illness	228
SHELTERED CARE BEDS ONLY	0		Non-Ambulatory	0	Developmental Disability	111
DD CARE BEDS ONLY	2		Non-Mobile	0	Circulatory System	454
MULTI-LICENSED FACILITIES	4		Public Aid Recipient	2	Respiratory System	270
FACILITIES REPORTED BY OWNERSHIP TYPE			Under 65 Years Old	2	Digestive System	65
GOVERNMENTAL OWNERSHIP	1		Unable to Self-Medicare	0	Genitourinary System Disorders	54
NON-PROFIT OWNERSHIP	8		Ventilator Dependent	16	Skin Disorders	35
FOR PROFIT OWNERSHIP	11		Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	139
			Other Restrictions	0	Injuries and Poisonings	30
			No Restrictions	0	Other Medical Conditions	199
					Non-Medical Conditions	10
					TOTALS	2286

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006		
Nursing Care	2939	2925	2356	2925	2113	826	1867	2657	2227	5605	
Skilled Under 22	0	0	0	0	0	0		0			
Intermediate DD	98	98	98	98	97	1		98			
Sheltered Care	116	99	87	99	76	40					
TOTAL BEDS	3153	3122	2541	3122	2286	867	1867	2755		5546	
										Residents on 12/31/2006	2286

LEVEL OF CARE	FACILITY UTILIZATION - 2006									
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE									
	Medicare		Medicaid		Other		TOTAL	Licensed Beds		Peak Beds Set Up
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	123960	18.2%	531940	54.9%	136637	792537	73.9%	74.2%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			32323	90.4%	365	32688	91.4%	91.4%		
Sheltered Care					27716	27716	65.5%	76.7%		
TOTALS	123960	18.2%	564263	56.1%	164718	852941	74.1%	74.9%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	73	33	0	0	13	22	0	0	86	55	141
45 to 59	173	117	0	0	29	22	0	1	202	140	342
60 to 64	62	63	0	0	1	4	0	0	63	67	130
65 to 74	129	177	0	0	1	2	1	1	131	180	311
75 to 84	234	429	0	0	1	1	7	26	242	456	698
85+	109	497	0	0	1	0	8	49	118	546	664
TOTALS	780	1316	0	0	46	51	16	77	842	1444	2286

HEALTH SERVICE AREA 007
 LTC PLANNING AREA Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	330	1421	13	15	333	1	2113
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		96	0	0	1	0	97
Sheltered Care			0	0	76	0	76
TOTALS	330	1517	13	15	410	1	2286

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	265	237
Skilled Under 22	0	0
Intermediate DD	150	155
Shelter	170	155

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	14	0	2	0	16
Amer. Indian	2	0	0	0	2
Black	682	0	17	0	699
Hawaiian/Pac. Isl.	5	0	0	0	5
White	1357	0	71	73	1501
Race Unknown	53	0	7	3	63
Total	2113	0	97	76	2286

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	133	0	8	0	141
Non-Hispanic	1947	0	89	73	2109
Ethnicity Unknown	33	0	0	3	36
Total	2113	0	97	76	2286

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	27.50
Physicians	0.25
Director of Nursing	17.50
Registered Nurses	238.16
LPN's	199.03
Certified Aides	749.37
Other Health Staff	225.51
Non-Health Staff	729.10
Totals	2186.42

HEALTH SERVICE AREA		007	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Planning Area 7-E		Aggressive/Anti-Social	49	DIAGNOSIS	
	State of Illinois		Chronic Alcoholism	49	Neoplasms	165
TOTAL FACILITIES	80		Developmentally Disabled	28	Endocrine/Metabolic	575
HOSPITAL BASED UNITS	2		Drug Addiction	55	Blood Disorders	103
FREE STANDING FACILITIES	78		Medicaid Recipient	5	*Nervous System	453
FACILITIES LICENSED FOR:			Medicare Recipient	20	Alzheimer Disease	726
NURSING CARE BEDS ONLY	53		Mental Illness	25	Mental Illness	1792
SHELTERED CARE BEDS ONLY	0		Non-Ambulatory	2	Developmental Disability	484
DD CARE BEDS ONLY	23		Non-Mobile	6	Circulatory System	1410
MULTI-LICENSED FACILITIES	4		Public Aid Recipient	8	Respiratory System	463
FACILITIES REPORTED BY OWNERSHIP TYPE			Under 65 Years Old	4	Digestive System	257
GOVERNMENTAL OWNERSHIP	1		Unable to Self-Medicare	1	Genitourinary System Disorders	228
NON-PROFIT OWNERSHIP	30		Ventilator Dependent	66	Skin Disorders	101
FOR PROFIT OWNERSHIP	49		Infectious Disease w/ Isolation	26	Musculo-skeletal Disorders	383
			Other Restrictions	7	Injuries and Poisonings	281
			No Restrictions	3	Other Medical Conditions	619
					Non-Medical Conditions	59
					TOTALS	8099

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	9933	9248	8405	9140	7542	2391	6706	8758	8237	22875
Skilled Under 22	67	64	63	64	60	7		67		
Intermediate DD	356	356	354	355	346	10		340		
Sheltered Care	245	193	168	162	151	94				
TOTAL BEDS	10601	9861	8990	9721	8099	2502	6706	9165		23013

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	451191	18.4%	1866922	58.4%	486612	2804725	77.4%	83.1%	
Skilled Under 22			22238	90.9%	711	22949	93.8%	98.2%	
Intermediate DD			124144	100.0%	637	124781	96.0%	96.0%	
Sheltered Care					54925	54925	61.4%	78.0%	
TOTALS	451191	18.4%	2013304	60.2%	542885	3007380	77.7%	83.6%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	26	21	0	0	0	0	26	21	47
18 to 44	520	255	7	6	74	75	0	0	601	336	937
45 to 59	975	529	0	0	77	71	0	0	1052	600	1652
60 to 64	291	271	0	0	8	15	0	0	299	286	585
65 to 74	471	535	0	0	0	10	2	0	484	545	1029
75 to 84	560	1199	0	0	0	4	6	24	566	1227	1793
85+	368	1556	0	0	0	1	20	111	388	1668	2056
TOTALS	3185	4345	33	27	170	176	28	135	3416	4683	8099

HEALTH SERVICE AREA 007
 LTC PLANNING AREA Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1124	5137	106	210	943	10	7530
Skilled Under 22	0	58	0	0	2	0	60
ICF/DD		311	35	0	0	0	346
Sheltered Care			0	0	153	10	163
TOTALS	1124	5506	141	210	1098	20	8099

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	189	163
Skilled Under 22	189	189
Intermediate DD	160	160
Shelter	86	72

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	32	0	0	0	32
Amer. Indian	6	0	7	0	13
Black	2809	46	53	0	2908
Hawaiian/Pac. Isl.	3	1	9	0	13
White	4603	8	277	163	5051
Race Unknown	77	5	0	0	82
Total	7530	60	346	163	8099

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	219	5	9	0	233
Non-Hispanic	6850	55	337	163	7405
Ethnicity Unknown	461	0	0	0	461
Total	7530	60	346	163	8099

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	85.10
Physicians	71.00
Director of Nursing	66.60
Registered Nurses	626.86
LPN's	912.56
Certified Aides	2727.90
Other Health Staff	805.41
Non-Health Staff	2699.52
Totals	7994.95

HEALTH SERVICE AREA	008	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Kane	Aggressive/Anti-Social	17
State of Illinois		Chronic Alcoholism	14
TOTAL FACILITIES	29	Developmentally Disabled	9
HOSPITAL BASED UNITS	0	Drug Addiction	16
FREE STANDING FACILITIES	29	Medicaid Recipient	1
FACILITIES LICENSED FOR:		Medicare Recipient	2
NURSING CARE BEDS ONLY	19	Mental Illness	14
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	1
DD CARE BEDS ONLY	7	Non-Mobile	0
MULTI-LICENSED FACILITIES	3	Public Aid Recipient	3
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	14	Ventilator Dependent	24
FOR PROFIT OWNERSHIP	15	Infectious Disease w/ Isolation	2
		Other Restrictions	4
		No Restrictions	4
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	2294

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2006		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	2538	2488	2287	2481	2107	431	1482	1919	2215	
Skilled Under 22	0	0	0	0	0	0		0	4677	
Intermediate DD	141	141	140	141	139	2		141	4598	
Sheltered Care	160	111	50	111	48	112			2294	
TOTAL BEDS	2839	2740	2477	2733	2294	545	1482	2060		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	99032	18.3%	431362	61.6%	232164	762558	82.3%	84.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			49458	96.1%	910	50368	97.9%	97.9%	
Sheltered Care					16747	16747	28.7%	41.3%	
TOTALS	99032	18.3%	480820	63.9%	249821	829673	80.1%	83.0%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	72	43	0	0	41	61	0	0	113	104	217
45 to 59	121	95	0	0	13	14	0	0	134	109	243
60 to 64	43	60	0	0	3	5	2	0	48	65	113
65 to 74	122	158	0	0	0	1	1	2	124	161	285
75 to 84	164	393	0	0	0	0	7	8	171	401	572
85+	135	701	0	0	0	0	5	23	140	724	864
TOTALS	657	1450	0	0	58	81	15	33	730	1564	2294

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 008
 LTC PLANNING AREA Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	273	1211	9	45	564	5	2107
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		138	0	0	1	0	139
Sheltered Care			0	0	48	0	48
TOTALS	273	1349	9	45	613	5	2294

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	155
Skilled Under 22	0	0
Intermediate DD	146	190
Shelter	115	92

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	19	0	7	0	26
Amer. Indian	3	0	2	0	5
Black	117	0	11	1	129
Hawaiian/Pac. Isl.	0	0	1	0	1
White	1949	0	110	47	2106
Race Unknown	19	0	8	0	27
Total	2107	0	139	48	2294

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	72	0	8	0	80
Non-Hispanic	2031	0	131	48	2210
Ethnicity Unknown	4	0	0	0	4
Total	2107	0	139	48	2294

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	29.00
Physicians	0.50
Director of Nursing	27.00
Registered Nurses	253.68
LPN's	127.54
Certified Aides	746.71
Other Health Staff	153.02
Non-Health Staff	787.62
Totals	2125.07

HEALTH SERVICE AREA 008
LTC PLANNING AREA Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	488	2185	8	56	774	6	3517
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		282	0	0	6	0	288
Sheltered Care			0	0	51	3	54
TOTALS	488	2467	8	56	831	9	3859

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	224	165
Skilled Under 22	0	0
Intermediate DD	169	130
Shelter	146	119

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	53	0	2	1	56
Amer. Indian	8	0	1	0	9
Black	268	0	16	0	284
Hawaiian/Pac. Isl.	3	0	2	0	5
White	3137	0	260	53	3450
Race Unknown	48	0	7	0	55
Total	3517	0	288	55	3859

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	116	0	6	1	123
Non-Hispanic	3397	0	186	53	3636
Ethnicity Unknown	4	0	96	0	100
Total	3517	0	288	54	3859

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	35.00
Physicians	0.95
Director of Nursing	33.00
Registered Nurses	464.69
LPN's	193.25
Certified Aides	1342.62
Other Health Staff	255.28
Non-Health Staff	1273.37
Totals	3598.15

HEALTH SERVICE AREA	008	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	McHenry	Aggressive/Anti-Social	8
State of Illinois		Chronic Alcoholism	6
TOTAL FACILITIES	11	Developmentally Disabled	8
HOSPITAL BASED UNITS	2	Drug Addiction	8
FREE STANDING FACILITIES	9	Medicaid Recipient	2
FACILITIES LICENSED FOR:		Medicare Recipient	1
NURSING CARE BEDS ONLY	9	Mental Illness	8
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	1	Non-Mobile	0
MULTI-LICENSED FACILITIES	1	Public Aid Recipient	2
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	2	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	4	Ventilator Dependent	11
FOR PROFIT OWNERSHIP	5	Infectious Disease w/ Isolation	1
		Other Restrictions	0
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	861

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	1027	995	800	831	732	295	709	706	876	
Skilled Under 22	0	0	0	0	0	0		0	2071	
Intermediate DD	96	96	91	96	89	7		94	2086	
Sheltered Care	63	49	47	49	40	23			861	
TOTAL BEDS	1186	1140	938	976	861	325	709	800		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days				
Nursing Care	40120	15.5%	135013	52.4%	91005	266138	71.0%	73.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			30909	90.1%	506	31415	89.7%	89.7%	
Sheltered Care					16479	16479	71.7%	92.1%	
TOTALS	40120	15.5%	165922	56.8%	107990	314032	72.5%	75.5%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	5	0	0	13	13	0	0	15	18	33
45 to 59	13	11	0	0	25	16	0	0	38	27	65
60 to 64	5	20	0	0	3	4	0	1	8	25	33
65 to 74	28	45	0	0	4	5	0	0	32	50	82
75 to 84	64	148	0	0	4	2	2	10	70	160	230
85+	72	319	0	0	0	0	5	22	77	341	418
TOTALS	184	548	0	0	49	40	7	33	240	621	861

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 008
LTC PLANNING AREA McHenry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	125	356	9	4	237	1	732
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		87	0	0	2	0	89
Sheltered Care			3	0	37	0	40
TOTALS	125	443	12	4	276	1	861

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	244	202
Skilled Under 22	0	0
Intermediate DD	122	122
Shelter	106	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	1	0	4
Amer. Indian	0	0	0	0	0
Black	1	0	8	0	9
Hawaiian/Pac. Isl.	2	0	0	0	2
White	726	0	80	40	846
Race Unknown	0	0	0	0	0
Total	732	0	89	40	861

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	2	0	12
Non-Hispanic	722	0	87	40	849
Ethnicity Unknown	0	0	0	0	0
Total	732	0	89	40	861

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	11.00
Physicians	0.00
Director of Nursing	11.00
Registered Nurses	90.36
LPN's	45.66
Certified Aides	257.44
Other Health Staff	51.77
Non-Health Staff	250.96
Totals	718.19

HEALTH SERVICE AREA	009	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Grundy	Aggressive/Anti-Social	2
State of Illinois		Chronic Alcoholism	1
TOTAL FACILITIES	2	Developmentally Disabled	1
HOSPITAL BASED UNITS	0	Drug Addiction	1
FREE STANDING FACILITIES	2	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	1	Mental Illness	0
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	0	Non-Mobile	0
MULTI-LICENSED FACILITIES	1	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	0	Ventilator Dependent	2
FOR PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	0
		Other Restrictions	0
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	238

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	241	241	223	241	215	26	35	241	239	308
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	24	24	23	24	23	1				309
TOTAL BEDS	265	265	246	265	238	27	35	241		238

LEVEL OF CARE	FACILITY UTILIZATION - 2006						BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE		Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Pat. days	TOTAL Pat. days				
Nursing Care	11902	93.2%	40229	45.7%	22971	75102	85.4%	85.4%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					8030	8030	91.7%	91.7%		
TOTALS	11902	93.2%	40229	45.7%	31001	83132	85.9%	85.9%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	9	25	0	0	0	0	0	0	9	25	34
75 to 84	16	41	0	0	0	0	1	6	17	47	64
85+	16	100	0	0	0	0	4	12	20	112	132
TOTALS	43	172	0	0	0	0	5	18	48	190	238

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 009
 LTC PLANNING AREA Grundy

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	103	0	3	69	0	215
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	23	0	23
TOTALS	40	103	0	3	92	0	238

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	94	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	214	0	0	23	237
Race Unknown	0	0	0	0	0
Total	215	0	0	23	238

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	125	0	0	0	125
Ethnicity Unknown	89	0	0	23	112
Total	215	0	0	23	238

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	19.00
LPN's	18.00
Certified Aides	82.00
Other Health Staff	4.00
Non-Health Staff	80.00
Totals	207.00

HEALTH SERVICE AREA	009	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Kankakee	Aggressive/Anti-Social	21
State of Illinois		Chronic Alcoholism	18
TOTAL FACILITIES	22	Developmentally Disabled	6
HOSPITAL BASED UNITS	1	Drug Addiction	18
FREE STANDING FACILITIES	21	Medicaid Recipient	1
FACILITIES LICENSED FOR:		Medicare Recipient	10
NURSING CARE BEDS ONLY	9	Mental Illness	6
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	2
DD CARE BEDS ONLY	12	Non-Mobile	2
MULTI-LICENSED FACILITIES	1	Public Aid Recipient	1
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	16	Ventilator Dependent	19
FOR PROFIT OWNERSHIP	5	Infectious Disease w/ Isolation	13
		Other Restrictions	5
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	1323

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2006		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	1352	1334	1251	1326	1184	168	576	770	1300	1632
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	128	128	121	128	116	12		128		
Sheltered Care	79	79	23	36	23	56				1609
TOTAL BEDS	1559	1541	1395	1490	1323	236	576	898		1323

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	37329	17.8%	230126	81.9%	159877	427332	86.6%	87.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			35031	75.0%	0	35031	75.0%	75.0%	
Sheltered Care					8395	8395	29.1%	29.1%	
TOTALS	37329	17.8%	265157	80.9%	168272	470758	82.7%	83.7%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	66	37	0	0	18	18	0	0	84	55	139
45 to 59	139	66	0	0	43	15	0	0	182	81	263
60 to 64	34	29	0	0	10	5	0	1	44	35	79
65 to 74	63	58	0	0	1	2	0	4	66	64	130
75 to 84	165	137	0	0	1	0	2	8	168	145	313
85+	151	239	0	0	0	1	2	6	153	246	399
TOTALS	618	566	0	0	75	41	4	19	697	626	1323

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 009
 LTC PLANNING AREA Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	108	613	9	3	451	0	1184
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		116	0	0	0	0	116
Sheltered Care			0	0	23	0	23
TOTALS	108	729	9	3	474	0	1323

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	126
Skilled Under 22	0	0
Intermediate DD	170	164
Shelter	97	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	1	0	0	0	1
Black	183	0	17	1	201
Hawaiian/Pac. Isl.	3	0	0	0	3
White	993	0	99	22	1114
Race Unknown	1	0	0	0	1
Total	1184	0	116	23	1323

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	4	0	8
Non-Hispanic	1065	0	112	23	1200
Ethnicity Unknown	115	0	0	0	115
Total	1184	0	116	23	1323

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	12.50
Physicians	4.00
Director of Nursing	9.15
Registered Nurses	97.09
LPN's	116.76
Certified Aides	489.98
Other Health Staff	85.25
Non-Health Staff	382.32
Totals	1197.05

HEALTH SERVICE AREA	009	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Kendall	Aggressive/Anti-Social	2
State of Illinois		Chronic Alcoholism	1
TOTAL FACILITIES	2	Developmentally Disabled	2
HOSPITAL BASED UNITS	0	Drug Addiction	2
FREE STANDING FACILITIES	2	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	2	Mental Illness	2
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	0	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	2
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	0	Ventilator Dependent	2
FOR PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	0
		Other Restrictions	0
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	145

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	178	155	155	155	145	33	103	48	143	280
Skilled Under 22	0	0	0	0	0	0		0		278
Intermediate DD	0	0	0	0	0	0		0		145
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	178	155	155	155	145	33	103	48		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	8295	22.1%	12452	71.1%	32247	52994	81.6%	93.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8295	22.1%	12452	71.1%	32247	52994	81.6%	93.7%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	10	0	0	0	0	0	0	2	10	12
75 to 84	13	40	0	0	0	0	0	0	13	40	53
85+	16	63	0	0	0	0	0	0	16	63	79
TOTALS	32	113	0	0	0	0	0	0	32	113	145

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 009
LTC PLANNING AREA Kendall

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	20	37	0	0	88	0	145
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	37	0	0	88	0	145

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	216	167
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

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

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	145	0	0	0	145
Ethnicity Unknown	0	0	0	0	0
Total	145	0	0	0	145

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	19.00
LPN's	5.00
Certified Aides	65.00
Other Health Staff	3.00
Non-Health Staff	47.00
Totals	143.00

HEALTH SERVICE AREA	009	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Will	Aggressive/Anti-Social	14
State of Illinois		Chronic Alcoholism	18
TOTAL FACILITIES	28	Developmentally Disabled	8
HOSPITAL BASED UNITS	0	Drug Addiction	23
FREE STANDING FACILITIES	28	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	0
NURSING CARE BEDS ONLY	14	Mental Illness	6
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	5
DD CARE BEDS ONLY	12	Non-Mobile	3
MULTI-LICENSED FACILITIES	2	Public Aid Recipient	1
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	1
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	13	Ventilator Dependent	25
FOR PROFIT OWNERSHIP	14	Infectious Disease w/ Isolation	10
		Other Restrictions	1
		No Restrictions	1
		<i>Note: Reported restrictions denoted by 'I'</i>	
		DIAGNOSIS	
		Neoplasms	59
		Endocrine/Metabolic	154
		Blood Disorders	22
		*Nervous System	100
		Alzheimer Disease	198
		Mental Illness	329
		Developmental Disability	155
		Circulatory System	507
		Respiratory System	158
		Digestive System	65
		Genitourinary System Disorders	97
		Skin Disorders	29
		Musculo-skeletal Disorders	117
		Injuries and Poisonings	79
		Other Medical Conditions	221
		Non-Medical Conditions	1
		TOTALS	2291

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	2256
Nursing Care	2567	2494	2305	2486	2108	459	1562	2316	Total Admissions 2006	3503
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	3468
Intermediate DD	144	144	144	128	140	4		144	Residents on 12/31/2006	2291
Sheltered Care	52	52	44	52	43	9				
TOTAL BEDS	2763	2690	2493	2666	2291	472	1562	2460		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	96254	16.9%	496470	58.7%	160369	753093	80.4%	82.7%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			49426	94.0%	849	50275	95.7%	95.7%		
Sheltered Care					14852	14852	78.3%	78.3%		
TOTALS	96254	16.9%	545896	60.8%	176070	818220	81.1%	83.3%		

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	79	45	0	0	38	23	0	0	117	68	185
45 to 59	173	117	0	0	36	25	0	0	209	142	351
60 to 64	72	59	0	0	6	7	0	0	78	66	144
65 to 74	139	152	0	0	1	2	1	1	141	155	296
75 to 84	143	379	0	0	1	1	5	9	149	389	538
85+	122	628	0	0	0	0	5	22	127	650	777
TOTALS	728	1380	0	0	82	58	11	32	821	1470	2291

HEALTH SERVICE AREA 009
 LTC PLANNING AREA Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	268	1365	11	18	446	0	2108
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		140	0	0	0	0	140
Sheltered Care			0	0	43	0	43
TOTALS	268	1505	11	18	489	0	2291

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	179	154
Skilled Under 22	0	0
Intermediate DD	175	164
Shelter	104	85

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	7	0	0	0	7
Amer. Indian	1	0	1	0	2
Black	322	0	27	0	349
Hawaiian/Pac. Isl.	1	0	0	0	1
White	1761	0	111	43	1915
Race Unknown	16	0	1	0	17
Total	2108	0	140	44	2291

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	60	0	4	1	65
Non-Hispanic	1832	0	136	42	2010
Ethnicity Unknown	216	0	0	0	216
Total	2108	0	140	43	2291

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	30.50
Physicians	0.00
Director of Nursing	16.25
Registered Nurses	173.71
LPN's	227.42
Certified Aides	748.39
Other Health Staff	126.06
Non-Health Staff	923.77
Totals	2246.10

HEALTH SERVICE AREA	010	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS		
LTC PLANNING AREA	Henry	Aggressive/Anti-Social	2	DIAGNOSIS	
State of Illinois		Chronic Alcoholism	1	Neoplasms	17
TOTAL FACILITIES	5	Developmentally Disabled	1	Endocrine/Metabolic	34
HOSPITAL BASED UNITS	1	Drug Addiction	1	Blood Disorders	12
FREE STANDING FACILITIES	4	Medicaid Recipient	0	*Nervous System	26
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	57
NURSING CARE BEDS ONLY	5	Mental Illness	2	Mental Illness	57
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability	4
DD CARE BEDS ONLY	0	Non-Mobile	0	Circulatory System	64
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0	Respiratory System	33
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	1	Digestive System	10
GOVERNMENTAL OWNERSHIP	2	Unable to Self-Medicare	0	Genitourinary System Disorders	8
NON-PROFIT OWNERSHIP	1	Ventilator Dependent	1	Skin Disorders	2
FOR PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	61
		Other Restrictions	0	Injuries and Poisonings	3
		No Restrictions	3	Other Medical Conditions	26
				Non-Medical Conditions	3
				TOTALS	417

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	519	519	451	519	417	102	430	540	407	
Skilled Under 22	0	0	0	0	0	0		0	777	
Intermediate DD	0	0	0	0	0	0		0		767
Sheltered Care	0	0	0	0	0	0		0		417
TOTAL BEDS	519	519	451	519	417	102	430	540		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	10665	6.8%	83414	42.3%	59542	153621	81.1%	81.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	10665	6.8%	83414	42.3%	59542	153621	81.1%	81.1%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	8	0	0	0	0	0	0	12	8	20
45 to 59	14	16	0	0	0	0	0	0	14	16	30
60 to 64	9	21	0	0	0	0	0	0	9	21	30
65 to 74	13	27	0	0	0	0	0	0	13	27	40
75 to 84	29	62	0	0	0	0	0	0	29	62	91
85+	51	155	0	0	0	0	0	0	51	155	206
TOTALS	128	289	0	0	0	0	0	0	128	289	417

HEALTH SERVICE AREA 010
 LTC PLANNING AREA Henry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	204	0	0	175	0	417
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	38	204	0	0	175	0	417

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	133	116
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	411	0	0	0	411
Race Unknown	0	0	0	0	0
Total	417	0	0	0	417

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	415	0	0	0	415
Ethnicity Unknown	0	0	0	0	0
Total	417	0	0	0	417

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.00
Physicians	0.00
Director of Nursing	5.00
Registered Nurses	26.60
LPN's	42.40
Certified Aides	146.10
Other Health Staff	21.00
Non-Health Staff	109.20
Totals	355.30

HEALTH SERVICE AREA	010	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Mercer	Aggressive/Anti-Social	2
State of Illinois		Chronic Alcoholism	0
TOTAL FACILITIES	3	Developmentally Disabled	1
HOSPITAL BASED UNITS	1	Drug Addiction	1
FREE STANDING FACILITIES	2	Medicaid Recipient	1
FACILITIES LICENSED FOR:		Medicare Recipient	1
NURSING CARE BEDS ONLY	3	Mental Illness	1
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	0	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	1
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	2	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	0	Ventilator Dependent	2
FOR PROFIT OWNERSHIP	1	Infectious Disease w/ Isolation	0
		Other Restrictions	1
		No Restrictions	1
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	144

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	189	189	171	189	144	45	80	175	160	120
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	189	189	171	189	144	45	80	175		136
										144

LEVEL OF CARE	FACILITY UTILIZATION - 2006						BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE		Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Pat. days	TOTAL Pat. days				
Nursing Care	860	2.9%	28019	43.9%	25880	54759	79.4%	79.4%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	860	2.9%	28019	43.9%	25880	54759	79.4%	79.4%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	4	2	0	0	0	0	0	0	4	2	6
75 to 84	7	35	0	0	0	0	0	0	7	35	42
85+	16	74	0	0	0	0	0	0	16	74	90
TOTALS	29	115	0	0	0	0	0	0	29	115	144

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 010
LTC PLANNING AREA Mercer

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	1	70	0	0	73	0	144
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	70	0	0	73	0	144

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	116	99
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	143	0	0	0	143
Race Unknown	1	0	0	0	1
Total	144	0	0	0	144

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	0	0	0	0	0
Total	144	0	0	0	144

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	10.00
LPN's	11.00
Certified Aides	58.50
Other Health Staff	7.00
Non-Health Staff	39.00
Totals	131.50

HEALTH SERVICE AREA		010	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Rock Island		Aggressive/Anti-Social	9	DIAGNOSIS	
State of Illinois			Chronic Alcoholism	10	Neoplasms	29
TOTAL FACILITIES	16		Developmentally Disabled	5	Endocrine/Metabolic	110
HOSPITAL BASED UNITS	1		Drug Addiction	10	Blood Disorders	12
FREE STANDING FACILITIES	15		Medicaid Recipient	1	*Nervous System	119
FACILITIES LICENSED FOR:			Medicare Recipient	1	Alzheimer Disease	191
NURSING CARE BEDS ONLY	9		Mental Illness	5	Mental Illness	52
SHELTERED CARE BEDS ONLY	0		Non-Ambulatory	0	Developmental Disability	109
DD CARE BEDS ONLY	5		Non-Mobile	0	Circulatory System	239
MULTI-LICENSED FACILITIES	2		Public Aid Recipient	1	Respiratory System	66
FACILITIES REPORTED BY OWNERSHIP TYPE			Under 65 Years Old	0	Digestive System	23
GOVERNMENTAL OWNERSHIP	1		Unable to Self-Medicare	0	Genitourinary System Disorders	32
NON-PROFIT OWNERSHIP	8		Ventilator Dependent	12	Skin Disorders	12
FOR PROFIT OWNERSHIP	7		Infectious Disease w/ Isolation	4	Musculo-skeletal Disorders	56
			Other Restrictions	1	Injuries and Poisonings	34
			No Restrictions	3	Other Medical Conditions	102
					Non-Medical Conditions	1
					TOTALS	1187

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	1298	1267	1132	1267	1010	288	665	1058	1174	3686
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	104	104	104	104	101	3		120		
Sheltered Care	79	79	78	79	76	3				3673
TOTAL BEDS	1481	1450	1314	1450	1187	294	665	1178		1187

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	49432	20.4%	195634	50.7%	80419	325485	68.7%	70.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			30951	70.7%	5840	36791	96.9%	96.9%	
Sheltered Care					26174	26174	90.8%	90.8%	
TOTALS	49432	20.4%	226585	52.7%	112433	388450	71.9%	73.4%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	8	10	0	0	23	19	0	0	31	29	60
45 to 59	35	31	0	0	21	20	0	0	56	51	107
60 to 64	14	16	0	0	6	6	0	0	20	22	42
65 to 74	57	80	0	0	2	2	1	2	59	84	143
75 to 84	89	193	0	0	2	1	7	13	98	207	305
85+	97	380	0	0	0	0	9	44	106	424	530
TOTALS	300	710	0	0	53	48	17	59	370	817	1187

HEALTH SERVICE AREA 010
LTC PLANNING AREA Rock Island

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	169	538	2	8	275	18	1010
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		101	0	0	0	0	101
Sheltered Care			0	0	76	0	76
TOTALS	169	639	2	8	351	18	1187

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	197	142
Skilled Under 22	0	0
Intermediate DD	0	130
Shelter	152	142

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	3	0	1	0	4
Black	86	0	7	0	93
Hawaiian/Pac. Isl.	0	0	0	0	0
White	906	0	93	76	1075
Race Unknown	11	0	0	0	11
Total	1010	0	101	76	1187

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	28	0	3	0	31
Non-Hispanic	979	0	98	76	1153
Ethnicity Unknown	3	0	0	0	3
Total	1010	0	101	76	1187

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	14.50
Physicians	0.00
Director of Nursing	15.00
Registered Nurses	60.05
LPN's	161.41
Certified Aides	395.88
Other Health Staff	126.08
Non-Health Staff	396.94
Totals	1169.86

HEALTH SERVICE AREA	011	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA	Clinton	Aggressive/Anti-Social	6	DIAGNOSIS
State of Illinois		Chronic Alcoholism	6	Neoplasms
TOTAL FACILITIES	11	Developmentally Disabled	1	Endocrine/Metabolic
HOSPITAL BASED UNITS	0	Drug Addiction	7	Blood Disorders
FREE STANDING FACILITIES	11	Medicaid Recipient	0	*Nervous System
FACILITIES LICENSED FOR:		Medicare Recipient	1	Alzheimer Disease
NURSING CARE BEDS ONLY	5	Mental Illness	1	Mental Illness
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0	Developmental Disability
DD CARE BEDS ONLY	6	Non-Mobile	1	Circulatory System
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0	Respiratory System
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0	Digestive System
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	1	Genitourinary System Disorders
NON-PROFIT OWNERSHIP	3	Ventilator Dependent	8	Skin Disorders
FOR PROFIT OWNERSHIP	8	Infectious Disease w/ Isolation	5	Musculo-skeletal Disorders
		Other Restrictions	0	Injuries and Poisonings
		No Restrictions	3	Other Medical Conditions
				Non-Medical Conditions
				TOTALS
				446

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	412	385	343	372	318	94	133	412	439	293
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	130	130	130	130	128	2		80		
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	542	515	473	502	446	96	133	492		286
										Residents on 12/31/2006
										446

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	12292	25.3%	64045	42.6%	37385	113722	75.6%	80.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			44844	153.6%	0	44844	94.5%	94.5%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	12292	25.3%	108889	60.6%	37385	158566	80.2%	84.4%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	2	0	0	25	25	0	0	28	27	55
45 to 59	9	3	0	0	21	31	0	0	30	34	64
60 to 64	6	5	0	0	5	3	0	0	11	8	19
65 to 74	9	20	0	0	2	6	0	0	14	26	40
75 to 84	36	59	0	0	2	1	0	0	38	60	98
85+	40	126	0	0	1	3	0	0	41	129	170
TOTALS	103	215	0	0	59	69	0	0	162	284	446

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 011
LTC PLANNING AREA Clinton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	40	177	0	11	90	0	318
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		128	0	0	0	0	128
Sheltered Care			0	0	0	0	0
TOTALS	40	305	0	11	90	0	446

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	110
Skilled Under 22	0	0
Intermediate DD	231	156
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	15	0	16
Hawaiian/Pac. Isl.	0	0	0	0	0
White	317	0	113	0	430
Race Unknown	0	0	0	0	0
Total	318	0	128	0	446

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	318	0	126	0	444
Ethnicity Unknown	0	0	0	0	0
Total	318	0	128	0	446

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	0.00
Director of Nursing	6.50
Registered Nurses	22.00
LPN's	37.00
Certified Aides	177.00
Other Health Staff	21.00
Non-Health Staff	124.00
Totals	395.50

HEALTH SERVICE AREA 011
LTC PLANNING AREA Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	225	915	13	36	457	1	1647
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		476	0	0	17	0	493
Sheltered Care			0	0	11	0	11
TOTALS	225	1391	13	36	485	1	2151

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	229	193
Skilled Under 22	0	0
Intermediate DD	146	136
Shelter	172	152

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	3	0	4
Amer. Indian	1	0	0	0	1
Black	105	0	39	0	144
Hawaiian/Pac. Isl.	1	0	1	0	2
White	1539	0	450	11	2000
Race Unknown	0	0	0	0	0
Total	1647	0	493	11	2151

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	6	0	12
Non-Hispanic	1416	0	487	11	1914
Ethnicity Unknown	225	0	0	0	225
Total	1647	0	493	11	2151

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	41.50
Physicians	10.00
Director of Nursing	26.80
Registered Nurses	117.85
LPN's	252.87
Certified Aides	908.83
Other Health Staff	197.53
Non-Health Staff	640.24
Totals	2195.62

HEALTH SERVICE AREA	011	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	Monroe	Aggressive/Anti-Social	4
State of Illinois		Chronic Alcoholism	4
TOTAL FACILITIES	4	Developmentally Disabled	2
HOSPITAL BASED UNITS	0	Drug Addiction	3
FREE STANDING FACILITIES	4	Medicaid Recipient	0
FACILITIES LICENSED FOR:		Medicare Recipient	1
NURSING CARE BEDS ONLY	3	Mental Illness	2
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	0
DD CARE BEDS ONLY	1	Non-Mobile	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	0
GOVERNMENTAL OWNERSHIP	1	Unable to Self-Medicat	0
NON-PROFIT OWNERSHIP	1	Ventilator Dependent	4
FOR PROFIT OWNERSHIP	2	Infectious Disease w/ Isolation	1
		Other Restrictions	0
		No Restrictions	0
		<i>Note: Reported restrictions denoted by 'I'</i>	
		TOTALS	297

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	324	400	383	320	282	42	44	365	348	
Skilled Under 22	0	0	0	0	0	0		0	245	
Intermediate DD	16	16	16	16	15	1		16	296	
Sheltered Care	0	0	0	0	0	0			297	
TOTAL BEDS	340	416	399	336	297	43	44	381		

LEVEL OF CARE	FACILITY UTILIZATION - 2006									
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE									
	Medicare		Medicaid		Other		TOTAL	Licensed Beds		Peak Beds Set Up
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	Occ. Pct.
Nursing Care	6657	41.5%	65202	48.9%	43266	115125	97.3%	78.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5615	96.1%	0	5615	96.1%	96.1%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	6657	41.5%	70817	50.9%	43266	120740	97.3%	79.5%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	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	1	4	0	0	1	2	0	0	2	6	8
60 to 64	2	5	0	0	1	0	0	0	3	5	8
65 to 74	5	15	0	0	0	1	0	0	6	16	22
75 to 84	26	60	0	0	0	1	0	0	26	61	87
85+	18	144	0	0	0	0	0	0	18	144	162
TOTALS	53	229	0	0	7	8	0	0	60	237	297

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 011
LTC PLANNING AREA Monroe

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	159	0	0	110	0	282
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	13	174	0	0	110	0	297

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	126
Skilled Under 22	0	0
Intermediate DD	111	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. Isl.	1	0	0	0	1
White	281	0	14	0	295
Race Unknown	0	0	0	0	0
Total	282	0	15	0	297

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	282	0	15	0	297
Ethnicity Unknown	0	0	0	0	0
Total	282	0	15	0	297

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.25
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	15.00
LPN's	45.00
Certified Aides	133.00
Other Health Staff	62.00
Non-Health Staff	96.00
Totals	357.25

HEALTH SERVICE AREA	011	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	St. Clair	Aggressive/Anti-Social	10
State of Illinois		Chronic Alcoholism	11
TOTAL FACILITIES	26	Developmentally Disabled	8
HOSPITAL BASED UNITS	0	Drug Addiction	15
FREE STANDING FACILITIES	26	Medicaid Recipient	1
FACILITIES LICENSED FOR:		Medicare Recipient	4
NURSING CARE BEDS ONLY	19	Mental Illness	5
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	1
DD CARE BEDS ONLY	5	Non-Mobile	0
MULTI-LICENSED FACILITIES	2	Public Aid Recipient	3
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	1
GOVERNMENTAL OWNERSHIP	0	Unable to Self-Medicare	0
NON-PROFIT OWNERSHIP	10	Ventilator Dependent	19
FOR PROFIT OWNERSHIP	16	Infectious Disease w/ Isolation	5
		Other Restrictions	3
		No Restrictions	4
		<i>Note: Reported restrictions denoted by 'I'</i>	
		DIAGNOSIS	
		Neoplasms	69
		Endocrine/Metabolic	193
		Blood Disorders	39
		*Nervous System	92
		Alzheimer Disease	260
		Mental Illness	241
		Developmental Disability	163
		Circulatory System	314
		Respiratory System	168
		Digestive System	52
		Genitourinary System Disorders	85
		Skin Disorders	15
		Musculo-skeletal Disorders	110
		Injuries and Poisonings	110
		Other Medical Conditions	131
		Non-Medical Conditions	5
		TOTALS	2047

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	2436	2406	2064	2311	1853	583	1028	2147	2054	3257
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	156	156	152	156	151	5		156		
Sheltered Care	100	66	52	58	43	57				
TOTAL BEDS	2692	2628	2268	2525	2047	645	1028	2303		3264
										Residents on 12/31/2006
										2047

LEVEL OF CARE	FACILITY UTILIZATION - 2006									
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE									
	Medicare		Medicaid		Other		TOTAL	Licensed Beds		Peak Beds Set Up
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	70289	18.7%	441799	56.4%	169328	681416	76.6%	77.6%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			53149	93.3%	365	53514	94.0%	94.0%		
Sheltered Care					16388	16388	44.9%	68.0%		
TOTALS	70289	18.7%	494948	58.9%	186081	751318	76.5%	78.3%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	34	29	0	0	38	31	0	0	72	60	132
45 to 59	105	78	0	0	32	37	0	0	137	115	252
60 to 64	43	49	0	0	2	4	0	0	45	53	98
65 to 74	99	128	0	0	1	3	1	1	103	132	235
75 to 84	175	421	0	0	1	0	2	8	178	429	607
85+	128	564	0	0	0	0	1	30	129	594	723
TOTALS	584	1269	0	0	76	75	4	39	664	1383	2047

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

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 011
LTC PLANNING AREA St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	195	1203	1	32	420	2	1853
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		150	0	0	1	0	151
Sheltered Care			2	0	40	1	43
TOTALS	195	1353	3	32	461	3	2047

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	139	119
Skilled Under 22	0	0
Intermediate DD	124	112
Shelter	90	85

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	2	0	6
Amer. Indian	1	0	0	0	1
Black	498	0	34	1	533
Hawaiian/Pac. Isl.	1	0	1	0	2
White	1347	0	114	42	1503
Race Unknown	2	0	0	0	2
Total	1853	0	151	43	2047

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	1845	0	47	43	1935
Ethnicity Unknown	0	0	104	0	104
Total	1853	0	151	43	2047

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	25.25
Physicians	7.20
Director of Nursing	23.00
Registered Nurses	84.20
LPN's	268.29
Certified Aides	797.79
Other Health Staff	130.06
Non-Health Staff	613.26
Totals	1949.05