

**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

LONG-TERM CARE DATA SUMMARY-2006

		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
State of Illinois		Aggressive/Anti-Social	603	DIAGNOSIS	
TOTAL FACILITIES	1136	Chronic Alcoholism	592	Neoplasms	2032
HOSPITAL BASED UNITS	59	Developmentally Disabled	430	Endocrine/Metabolic	6631
FREE STANDING FACILITIES	1077	Drug Addiction	688	Blood Disorders	1152
FACILITIES LICENSED FOR:		Medicaid Recipient	80	*Nervous System	5152
NURSING CARE BEDS ONLY	746	Medicare Recipient	134	Alzheimer Disease	10659
SHELTERED CARE BEDS ONLY	0	Mental Illness	412	Mental Illness	13044
DD CARE BEDS ONLY	290	Non-Ambulatory	88	Developmental Disability	7597
MULTI-LICENSED FACILITIES	100	Non-Mobile	112	Circulatory System	15690
FACILITIES REPORTED BY OWNERSHIP TYPE		Public Aid Recipient	77	Respiratory System	6076
GOVERNMENTAL OWNERSHIP	47	Under 65 Years Old	44	Digestive System	2425
NON-PROFIT OWNERSHIP	443	Unable to Self-Medicare	52	Genitourinary System Disorders	2406
FOR PROFIT OWNERSHIP	646	Ventilator Dependent	874	Skin Disorders	1034
		Infectious Disease w/ Isolation	290	Musculo-skeletal Disorders	5940
		Other Restrictions	97	Injuries and Poisonings	3075
		No Restrictions	116	Other Medical Conditions	7332
				Non-Medical Conditions	487
				TOTALS	90732

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	91477
Nursing Care	104453	101807	89562	99131	81367	23086	58676	90249	Total Admissions 2006	175767
Skilled Under 22	969	925	880	686	823	146		897	Total Discharges 2006	176512
Intermediate DD	6410	6308	6191	6274	6003	407		6343	Residents on 12/31/2006	90732
Sheltered Care	4292	3639	2808	3488	2539	1753				
TOTAL BEDS	116124	112679	99441	109579	90732	25392	58676	97489		

FACILITY UTILIZATION - 2006									
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE									
LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3773516	17.6%	18368964	55.8%	7648259	29790739	78.1%	80.2%	
Skilled Under 22			283833	86.7%	19648	303481	85.8%	89.9%	
Intermediate DD			2140745	92.5%	21693	2162438	92.4%	93.9%	
Sheltered Care					899162	899162	57.4%	67.7%	
TOTALS	3773516	17.6%	20793542	58.4%	8588762	33155820	78.2%	80.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	1	4	182	128	2	1	0	0	185	133	318
18 to 44	2651	1474	265	202	1326	1251	1	0	4243	2927	7170
45 to 59	6125	3825	18	22	1236	1067	2	7	7381	4921	12302
60 to 64	2059	2096	1	2	246	226	9	8	2315	2332	4647
65 to 74	4455	5545	3	0	75	213	35	67	4740	5825	10565
75 to 84	7041	14944	0	0	75	87	184	519	7300	15550	22850
85+	6092	25010	0	0	9	17	347	1405	6448	26432	32880
TOTALS	28424	52898	469	354	3141	2862	578	2006	32612	58120	90732

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

*Does not include Alzheimer diagnoses.

LONG-TERM CARE DATA SUMMARY-2006

State of Illinois

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9902	50292	625	1297	19045	194	81355
Skilled Under 22	0	769	41	0	13	0	823
ICF/DD		5886	74	0	43	0	6003
Sheltered Care			16	7	2408	120	2551
TOTALS	9902	56947	756	1304	21509	314	90732

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	178	152
Skilled Under 22	225	227
Intermediate DD	152	139
Shelter	122	103

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	997	15	42	11	1065
Amer. Indian	193	0	14	0	207
Black	13649	281	764	10	14704
Hawaiian/Pac. Isl.	58	1	20	1	80
White	65987	495	5123	2528	74133
Race Unknown	468	31	40	4	543
Total	81352	823	6003	2559	90732

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2070	83	149	6	2308
Non-Hispanic	76208	722	5608	2406	84944
Ethnicity Unknown	3077	18	246	139	3480
Total	81355	823	6003	2551	90732

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1101.05
Physicians	133.06
Director of Nursing	911.05
Registered Nurses	7156.88
LPN's	8425.34
Certified Aides	32865.84
Other Health Staff	6443.84
Non-Health Staff	28549.69
Totals	85586.73