

ILLINOIS LONG-TERM CARE DATA SUMMARY- CALENDAR YEAR 2011

State of Illinois DHS Facilities		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
		Aggressive/Anti-Social	0	DIAGNOSIS	
		Chronic Alcoholism	6	Neoplasms	0
<b>TOTAL FACILITIES</b>	17	Developmentally Disabled	2	Endocrine/Metabolic	0
HOSPITAL BASED UNITS	9	Drug Addiction	6	Blood Disorders	0
FREE STANDING FACILITIES	8	Medicaid Recipient	1	Nervous System Non Alzheimer	0
<b>FACILITIES LICENSED FOR:</b>		Medicare Recipient	1	Alzheimer Disease	0
NURSING CARE BEDS ONLY	9	Mental Illness	0	Mental Illness	1,241
SHELTERED CARE BEDS ONL	0	Non-Ambulatory	3	Developmental Disability	1,990
DD CARE BEDS ONLY	8	Non-Mobile	5	Circulatory System	0
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	0	Respiratory System	0
<b>FACILITIES REPORTED BY OWNERSHIP TYPE</b>		Under 65 Years Old	0	Digestive System	0
GOVERNMENTAL OWNERSHIP	17	Unable to Self-Medicat	2	Genitourinary System Disorders	0
NON-PROFIT OWNERSHIP	0	Ventilator Dependent	16	Skin Disorders	0
FOR PROFIT OWNERSHIP	0	Infectious Disease w/ Isolation	8	Musculo-skeletal Disorders	0
<b>CONTINUING CARE COMMUNITY LIFE CARE FACILITY</b>		Other Restrictions	2	Injuries and Poisonings	0
	0	No Restrictions	0	Other Medical Conditions	0
	0	<i>Note: Reported restrictions denoted b</i>		Non-Medical Conditions	10
				TOTALS	3,241
				<b>Total Residents Diagnosed as Mentally Ill</b>	2,372

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2011	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	1,515	1,382	1,364	1,355	1,255	260	0	0	3,355	Total Admissions 2010
Skilled Under 22	0	0	0	0	0	0		0	9,945	Total Discharges 2010
Intermediate DD	2,971	2,306	2,159	2,183	1,986	985		194	10,059	Residents on 12/31/2010
Sheltered Care	0	0	0	0	0	0			3,241	<b>Identified Offenders</b>
TOTAL BEDS	4,486	3,688	3,523	3,538	3,241	1,245	0	388	470	

FACILITY UTILIZATION - 2011  
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	16,890	0.0%	15,371	0.0%	384,772	0	34,675	0	451,708	81.7%	89.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			722,581	1020.5%	39,714	0	183	8,210	770,688	71.1%	91.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	16,890	0.0%	737,952	521.1%	424,486	0	34,858	8,210	1,222,396	74.7%	90.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	568	128	0	0	460	174	0	0	1,028	302	1,330
45 to 59	345	95	0	0	695	303	0	0	1,040	398	1,438
60 to 64	39	23	0	0	98	59	0	0	137	82	219
65 to 74	41	13	0	0	14	60	0	0	142	73	215
75 to 84	3	0	0	0	14	13	0	0	17	13	30
85+	0	0	0	0	4	5	0	0	4	5	9
TOTALS	996	259	0	0	1,372	614	0	0	2,368	873	3,241

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RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	95	161	931	1	67	0	1,255
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		1,952	9	0	1	24	1,986
Sheltered Care			0	0	0	0	0
TOTALS	95	2,113	940	1	68	24	3,241

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	628	628
Skilled Under 22	0	0
Intermediate DD	524	505
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	13	0	13	0	26
Amer. Indian	1	0	4	0	5
Black	611	0	442	0	1,053
Hawaiian/Pac. Isl.	0	0	0	0	0
White	602	0	1,499	0	2,101
Race Unknown	28	0	28	0	56
Total	1,255	0	1,986	0	3,241

  

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	120	0	85	0	205
Non-Hispanic	1,093	0	1,900	0	2,993
Ethnicity Unknown	42	0	1	0	43
Total	1,255	0	1,986	0	3,241

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	242.70
Physicians	135.07
Director of Nursing	22.00
Registered Nurses	545.80
LPN's	148.10
Certified Aides	2,231.00
Other Health Staff	1,572.40
Non-Health Staff	1,684.20
Totals	6,581.27

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
1.7%	44.8%	52.0%	0.0%	1.5%	100.0%		1.0%
8,501,689	217,899,968	252,678,749	0	7,150,298	486,230,705	5,031,066	