2007 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
LONG-TERM CARE FACILITY PROFILES
MISSING DATA REPORT

This current version of the 2007 Long Term Care Facility Profiles does not include the following facilities:

MODERN CARE CONVALESCENT & NSG., JACKSONVILLE -- Health Service Area 003 Planning Service Area 137

COVENANT CARE OF O'FALLON, O'FALLON -- Health Service Area 011 Planning Service Area 163

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	19
Blood Disorders	12
Nervous System Non Alzheimer	24
Alzheimer Disease	36
Mental Illness	14
Developmental Disability	0
Circulatory System	53
Respiratory System	15
Digestive System	10
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	18
Injuries and Poisonings	13
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	228

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	279	275	240	275	228	51	199	279
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	279	275	240	275	228	51	199	279

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	227
Total Admissions 2007	380
Total Discharges 2007	379
Residents on 12/31/2007	228

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8,046	11.1%	45,473	44.7%	29,741	83,260	81.8%	82.9%
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	8,046	11.1%	45,473	44.7%	29,741	83,260	81.8%	82.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	12	29	0	0	0	0	0	0	12	29	41
75 to 84	16	48	0	0	0	0	0	0	16	48	64
85+	27	83	0	0	0	0	0	0	27	83	110
TOTALS	59	169	0	0	0	0	0	0	59	169	228

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 001
LTC PLANNING AREA Boone

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	121	11	4	64	0	228
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	121	11	4	64	0	228

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	132
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	224	0	0	0	224
Race Unknown	0	0	0	0	0
Total	228	0	0	0	228

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	224	0	0	0	224
Ethnicity Unknown	0	0	0	0	0
Total	228	0	0	0	228

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	20.00
LPN's	20.50
Certified Aides	72.50
Other Health Staff	21.00
Non-Health Staff	64.50
Totals	205.50

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
24.6%	47.2%	0.0%	1.9%	26.3%	100.0%		0.0%
3,148,395	6,047,380	0	239,897	3,365,540	12,801,212	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	19
Blood Disorders	0
Nervous System Non Alzheimer	14
Alzheimer Disease	22
Mental Illness	4
Developmental Disability	18
Circulatory System	35
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	160

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	170	170	156	170	144	26	72	170
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	186	186	172	186	160	26	72	186

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	148
Total Admissions 2007	139
Total Discharges 2007	127
Residents on 12/31/2007	160

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1,647	6.3%	34,450	55.5%	15,812	51,909	83.7%	83.7%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,515	94.4%	0	5,515	94.4%	94.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	1,647	6.3%	39,965	58.9%	15,812	57,424	84.6%	84.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	3	5	0	0	4	6	10
45 to 59	3	1	0	0	1	3	0	0	4	4	8
60 to 64	3	2	0	0	1	0	0	0	4	2	6
65 to 74	6	12	0	0	0	2	0	0	7	14	21
75 to 84	15	23	0	0	0	0	0	0	15	23	38
85+	17	60	0	0	0	0	0	0	17	60	77
TOTALS	45	99	0	0	6	10	0	0	51	109	160

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 001
LTC PLANNING AREA Carroll

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	90	0	0	46	0	144
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	8	106	0	0	46	0	160

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	158	155
Skilled Under 22	0	0
Intermediate DD	0	126
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	140	0	15	0	155
Race Unknown	3	0	0	0	3
Total	144	0	16	0	160

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	141	0	16	0	157
Ethnicity Unknown	0	0	0	0	0
Total	144	0	16	0	160

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.25
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	11.61
LPN's	9.14
Certified Aides	51.79
Other Health Staff	29.42
Non-Health Staff	36.16
Totals	142.37

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
6.5%	50.2%	0.0%	0.7%	42.6%	100.0%		0.0%
469,474	3,633,100	0	48,526	3,081,527	7,232,627	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	51
Blood Disorders	5
Nervous System Non Alzheimer	40
Alzheimer Disease	95
Mental Illness	35
Developmental Disability	18
Circulatory System	142
Respiratory System	45
Digestive System	22
Genitourinary System Disorders	13
Skin Disorders	12
Musculo-skeletal Disorders	63
Injuries and Poisonings	9
Other Medical Conditions	89
Non-Medical Conditions	32
TOTALS	681

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	742	735	680	735	631	111	380	669
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	15	15	15	14	2		16
Sheltered Care	49	49	49	49	36	13		
TOTAL BEDS	807	799	744	799	681	126	380	685

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	708
Total Admissions 2007	1,091
Total Discharges 2007	1,118
Residents on 12/31/2007	681

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	27,025	19.5%	106,937	43.8%	90,464	224,426	82.9%	83.7%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,167	88.5%	0	5,167	88.5%	94.4%
Sheltered Care					14,212	14,212	79.5%	79.5%
TOTALS	27,025	19.5%	112,104	44.8%	104,676	243,805	82.8%	83.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	0	0	0	1	0	0	3	2	5
45 to 59	3	14	0	0	5	4	0	0	8	18	26
60 to 64	18	13	0	0	1	2	2	0	21	15	36
65 to 74	23	47	0	0	0	0	1	1	25	48	73
75 to 84	67	117	0	0	0	0	1	12	68	129	197
85+	62	263	0	0	0	0	4	15	66	278	344
TOTALS	176	455	0	0	7	7	8	28	191	490	681

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 001
LTC PLANNING AREA DeKalb

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	70	308	3	0	250	0	631
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		14	0	0	0	0	14
Sheltered Care			0	0	36	0	36
TOTALS	70	322	3	0	286	0	681

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	141
Skilled Under 22	0	0
Intermediate DD	144	0
Shelter	106	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	620	0	14	36	670
Race Unknown	0	0	0	0	0
Total	631	0	14	36	681

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	545	0	14	36	595
Ethnicity Unknown	72	0	0	0	72
Total	631	0	14	36	681

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	70.50
LPN's	51.00
Certified Aides	246.50
Other Health Staff	13.00
Non-Health Staff	271.50
Totals	667.50

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
21.5%	37.5%	1.0%	1.8%	38.2%	100.0%		0.1%
10,917,554	19,071,168	529,802	934,937	19,426,587	50,880,048	43,818	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	15
Blood Disorders	0
Nervous System Non Alzheimer	26
Alzheimer Disease	27
Mental Illness	0
Developmental Disability	15
Circulatory System	39
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	154

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	155	155	149	155	140	15	0	155
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	14	1		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	170	170	164	170	154	16	0	170

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	146
Total Admissions 2007	77
Total Discharges 2007	69
Residents on 12/31/2007	154

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	17,724	31.3%	32,734	50,458	89.2%	89.2%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			4,982	91.0%	0	4,982	91.0%	91.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	22,706	36.6%	32,734	55,440	89.3%	89.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	6	0	0	5	6	11
45 to 59	1	5	0	0	1	0	0	0	2	5	7
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	5	0	0	1	0	0	0	2	5	7
75 to 84	12	17	0	0	1	1	0	0	13	18	31
85+	20	77	0	0	0	0	0	0	20	77	97
TOTALS	35	105	0	0	7	7	0	0	42	112	154

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 001
LTC PLANNING AREA Jo Daviess

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	47	0	0	93	0	140
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	61	0	0	93	0	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	133
Skilled Under 22	0	0
Intermediate DD	114	109
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	140	0	12	0	152
Race Unknown	0	0	0	0	0
Total	140	0	14	0	154

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	140	0	14	0	154
Ethnicity Unknown	0	0	0	0	0
Total	140	0	14	0	154

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.25
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	8.25
LPN's	11.00
Certified Aides	53.75
Other Health Staff	3.00
Non-Health Staff	30.25
Totals	112.50

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
0.0%	20.7%	13.5%	0.0%	65.8%	100.0%		0.0%
0	741,420	482,908	0	2,354,192	3,578,521	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	001
LTC PLANNING AREA	Lee
State of Illinois	
TOTAL FACILITIES	16
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	15
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	11
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	13
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	2
Chronic Alcoholism	13
Developmentally Disabled	2
Drug Addiction	13
Medicaid Recipient	2
Medicare Recipient	1
Mental Illness	2
Non-Ambulatory	3
Non-Mobile	3
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	14
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	44
Blood Disorders	0
Nervous System Non Alzheimer	24
Alzheimer Disease	35
Mental Illness	9
Developmental Disability	105
Circulatory System	48
Respiratory System	22
Digestive System	6
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	30
Injuries and Poisonings	19
Other Medical Conditions	4
Non-Medical Conditions	38
TOTALS	394

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	342	348	279	333	251	91	237	340
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	105	105	105	105	105	0		105
Sheltered Care	49	49	40	49	38	11		
TOTAL BEDS	496	502	424	487	394	102	237	445

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	401
Total Admissions 2007	345
Total Discharges 2007	352
Residents on 12/31/2007	394

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8,362	9.7%	48,361	39.0%	36,179	92,902	74.4%	73.1%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			37,734	98.5%	0	37,734	98.5%	98.5%
Sheltered Care					13,870	13,870	77.6%	77.6%
TOTALS	8,362	9.7%	86,095	53.0%	50,049	144,506	79.8%	78.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	18	13	0	0	18	13	31
45 to 59	5	7	0	0	21	24	0	0	26	31	57
60 to 64	0	3	0	0	4	3	0	0	4	6	10
65 to 74	8	12	0	0	3	5	0	0	14	17	31
75 to 84	14	41	0	0	3	6	1	5	18	52	70
85+	34	127	0	0	1	1	7	25	42	153	195
TOTALS	61	190	0	0	53	52	8	30	122	272	394

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 001
LTC PLANNING AREA Lee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	133	0	2	90	0	251
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		105	0	0	0	0	105
Sheltered Care			0	0	38	0	38
TOTALS	26	238	0	2	128	0	394

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	136
Skilled Under 22	0	0
Intermediate DD	177	169
Shelter	84	84

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	11	1	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	249	0	91	37	377
Race Unknown	1	0	3	0	4
Total	251	0	105	38	394

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	3	0	4
Non-Hispanic	250	0	81	38	369
Ethnicity Unknown	0	0	21	0	21
Total	251	0	105	38	394

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	6.75
Physicians	1.00
Director of Nursing	5.00
Registered Nurses	18.50
LPN's	39.25
Certified Aides	183.35
Other Health Staff	54.50
Non-Health Staff	101.25
Totals	409.60

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
12.3%	25.8%	26.8%	0.6%	34.6%	100.0%		0.1%
2,425,875	5,098,105	5,297,961	112,255	6,849,300	19,783,497	21,733	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	39
Blood Disorders	14
Nervous System Non Alzheimer	38
Alzheimer Disease	79
Mental Illness	13
Developmental Disability	17
Circulatory System	85
Respiratory System	25
Digestive System	9
Genitourinary System Disorders	12
Skin Disorders	7
Musculo-skeletal Disorders	16
Injuries and Poisonings	11
Other Medical Conditions	33
Non-Medical Conditions	0
TOTALS	407

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	551	529	429	510	392	159	301	553
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	567	545	445	526	407	160	301	569

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	400
Total Admissions 2007	643
Total Discharges 2007	636
Residents on 12/31/2007	407

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14,749	13.4%	80,717	40.0%	48,866	144,332	71.8%	74.8%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,499	94.2%	0	5,499	94.2%	94.2%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	14,749	13.4%	86,216	41.5%	48,866	149,831	72.4%	75.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	2	0	0	0	1	0	0	1	3	4
45 to 59	5	2	0	0	7	2	0	0	12	4	16
60 to 64	2	7	0	0	0	4	0	0	2	11	13
65 to 74	10	16	0	0	0	1	0	0	10	17	27
75 to 84	42	64	0	0	0	0	0	0	42	64	106
85+	45	196	0	0	0	0	0	0	45	196	241
TOTALS	105	287	0	0	7	8	0	0	112	295	407

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 001
LTC PLANNING AREA Ogle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	42	221	0	0	129	0	392
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	42	236	0	0	129	0	407

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	141
Skilled Under 22	0	0
Intermediate DD	0	113
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	392	0	15	0	407
Race Unknown	0	0	0	0	0
Total	392	0	15	0	407

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	392	0	15	0	407
Ethnicity Unknown	0	0	0	0	0
Total	392	0	15	0	407

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.25
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	25.40
LPN's	45.90
Certified Aides	182.06
Other Health Staff	6.88
Non-Health Staff	196.71
Totals	471.20

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
22.2%	39.4%	0.2%	0.0%	38.2%	100.0%		0.0%
4,671,286	8,266,028	35,882	0	8,030,980	21,004,177	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	001
LTC PLANNING AREA	Stephenson
State of Illinois	
TOTAL FACILITIES	9
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	8
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	7
FOR PROFIT OWNERSHIP	1

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	5
Chronic Alcoholism	4
Developmentally Disabled	3
Drug Addiction	4
Medicaid Recipient	1
Medicare Recipient	2
Mental Illness	3
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	7
Infectious Disease w/ Isolation	3
Other Restrictions	2
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	35
Blood Disorders	7
Nervous System Non Alzheimer	27
Alzheimer Disease	45
Mental Illness	27
Developmental Disability	37
Circulatory System	98
Respiratory System	29
Digestive System	27
Genitourinary System Disorders	21
Skin Disorders	6
Musculo-skeletal Disorders	55
Injuries and Poisonings	14
Other Medical Conditions	83
Non-Medical Conditions	0
TOTALS	520

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	633	593	497	575	441	192	435	505
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	32	32	32	32	32	0		32
Sheltered Care	77	63	54	54	47	30		
TOTAL BEDS	742	688	583	661	520	222	435	537

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	527
Total Admissions 2007	944
Total Discharges 2007	951
Residents on 12/31/2007	520

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	18,546	11.7%	79,288	43.0%	66,053	163,887	70.9%	75.7%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			11,680	100.0%	0	11,680	100.0%	100.0%
Sheltered Care					15,293	15,293	54.4%	66.5%
TOTALS	18,546	11.7%	90,968	46.4%	81,346	190,860	70.5%	76.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	14	6	0	0	15	7	22
45 to 59	9	8	0	0	4	2	0	0	13	10	23
60 to 64	3	4	0	0	2	0	0	0	5	4	9
65 to 74	13	24	0	0	0	2	0	2	13	28	41
75 to 84	36	88	0	0	0	2	3	4	39	94	133
85+	41	214	0	0	0	0	5	32	46	246	292
TOTALS	103	339	0	0	20	12	8	38	131	389	520

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 001
LTC PLANNING AREA Stephenson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	57	219	3	6	150	6	441
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		32	0	0	0	0	32
Sheltered Care			0	0	45	2	47
TOTALS	57	251	3	6	195	8	520

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	166
Skilled Under 22	0	0
Intermediate DD	0	125
Shelter	88	95

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	21	0	4	0	25
Hawaiian/Pac. Isl.	0	0	0	0	0
White	420	0	28	47	495
Race Unknown	0	0	0	0	0
Total	441	0	32	47	520

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	441	0	32	47	520
Ethnicity Unknown	0	0	0	0	0
Total	441	0	32	47	520

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.50
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	62.50
LPN's	68.20
Certified Aides	233.27
Other Health Staff	35.19
Non-Health Staff	155.63
Totals	570.29

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
16.7%	32.8%	0.4%	2.3%	47.8%	100.0%		1.1%
4,443,445	8,723,328	96,033	614,846	12,723,302	26,600,957	299,960	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	001
LTC PLANNING AREA	Whiteside
State of Illinois	
TOTAL FACILITIES	16
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	16
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	9
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	4
MULTI-LICENSED FACILITIES	3
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	9
FOR PROFIT OWNERSHIP	6

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	11
Chronic Alcoholism	7
Developmentally Disabled	1
Drug Addiction	9
Medicaid Recipient	0
Medicare Recipient	4
Mental Illness	4
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	1
Unable to Self-Medicate	1
Ventilator Dependent	12
Infectious Disease w/ Isolation	5
Other Restrictions	1
No Restrictions	2

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	29
Blood Disorders	5
Nervous System Non Alzheimer	62
Alzheimer Disease	55
Mental Illness	132
Developmental Disability	145
Circulatory System	139
Respiratory System	31
Digestive System	11
Genitourinary System Disorders	12
Skin Disorders	0
Musculo-skeletal Disorders	82
Injuries and Poisonings	58
Other Medical Conditions	57
Non-Medical Conditions	0
TOTALS	824

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	822	799	723	796	655	167	348	822
Skilled Under 22	85	85	83	85	82	3		79
Intermediate DD	64	64	64	64	62	2		64
Sheltered Care	31	28	27	28	25	6		
TOTAL BEDS	1,002	976	897	973	824	178	348	965

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	807
Total Admissions 2007	588
Total Discharges 2007	571
Residents on 12/31/2007	824

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13,668	10.8%	154,678	51.6%	69,039	237,385	79.1%	81.4%
Skilled Under 22			30,016	104.1%	0	30,016	96.7%	96.7%
Intermediate DD			22,383	95.8%	0	22,383	95.8%	95.8%
Sheltered Care					9,012	9,012	79.6%	88.2%
TOTALS	13,668	10.8%	207,077	58.8%	78,051	298,796	81.7%	83.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	42	17	38	28	10	17	0	0	90	62	152
45 to 59	57	35	7	9	8	14	0	0	72	58	130
60 to 64	14	11	0	0	2	4	0	0	16	15	31
65 to 74	23	44	0	0	0	4	0	0	23	48	71
75 to 84	39	105	0	0	0	3	1	3	40	111	151
85+	46	222	0	0	0	0	5	16	51	238	289
TOTALS	221	434	45	37	20	42	6	19	292	532	824

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	40	423	0	1	191	0	655
Skilled Under 22	0	82	0	0	0	0	82
ICF/DD		62	0	0	0	0	62
Sheltered Care			0	0	25	0	25
TOTALS	40	567	0	1	216	0	824

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	144	131
Skilled Under 22	210	0
Intermediate DD	0	136
Shelter	97	97

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	14	8	6	0	28
Hawaiian/Pac. Isl.	0	0	0	0	0
White	634	74	55	25	788
Race Unknown	6	0	1	0	7
Total	655	82	62	25	824

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	13	5	5	0	23
Non-Hispanic	642	77	57	25	801
Ethnicity Unknown	0	0	0	0	0
Total	655	82	62	25	824

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	14.75
Physicians	0.50
Director of Nursing	13.00
Registered Nurses	40.34
LPN's	78.84
Certified Aides	354.65
Other Health Staff	45.59
Non-Health Staff	272.30
Totals	819.97

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
11.7%	53.2%	3.7%	0.5%	30.9%	100.0%		0.0%
4,895,896	22,368,519	1,567,901	219,459	12,968,123	42,019,903	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	001
LTC PLANNING AREA	Winnebago
State of Illinois	
TOTAL FACILITIES	28
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	28
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	12
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	10
MULTI-LICENSED FACILITIES	6
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	17
FOR PROFIT OWNERSHIP	10

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	19
Chronic Alcoholism	20
Developmentally Disabled	10
Drug Addiction	22
Medicaid Recipient	0
Medicare Recipient	7
Mental Illness	12
Non-Ambulatory	1
Non-Mobile	3
Public Aid Recipient	2
Under 65 Years Old	1
Unable to Self-Medicate	2
Ventilator Dependent	25
Infectious Disease w/ Isolation	6
Other Restrictions	3
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	59
Endocrine/Metabolic	147
Blood Disorders	19
Nervous System Non Alzheimer	142
Alzheimer Disease	230
Mental Illness	308
Developmental Disability	263
Circulatory System	438
Respiratory System	154
Digestive System	71
Genitourinary System Disorders	84
Skin Disorders	13
Musculo-skeletal Disorders	195
Injuries and Poisonings	116
Other Medical Conditions	161
Non-Medical Conditions	0
TOTALS	2,400

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	2,336	2,281	1,995	2,279	1,809	527	1102	2018
Skilled Under 22	93	93	82	93	82	11		93
Intermediate DD	180	180	180	180	175	5		180
Sheltered Care	463	451	343	451	334	129		
TOTAL BEDS	3,072	3,005	2,600	3,003	2,400	672	1102	2291

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	2,364
Total Admissions 2007	4,865
Total Discharges 2007	4,829
Residents on 12/31/2007	2,400

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	92,123	22.9%	403,838	54.8%	170,003	665,964	78.1%	80.0%
Skilled Under 22			29,335	86.4%	206	29,541	87.0%	87.0%
Intermediate DD			64,734	98.5%	365	65,099	99.1%	99.1%
Sheltered Care					118,980	118,980	70.4%	72.3%
TOTALS	92,123	22.9%	497,907	59.5%	289,554	879,584	78.4%	80.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	31	10	0	0	0	0	31	10	41
18 to 44	32	31	25	16	51	46	0	1	108	94	202
45 to 59	91	69	0	0	30	23	0	3	121	95	216
60 to 64	41	51	0	0	8	6	0	0	49	57	106
65 to 74	98	136	0	0	0	6	4	5	106	147	253
75 to 84	160	352	0	0	0	1	26	74	186	427	613
85+	147	601	0	0	0	0	59	162	206	763	969
TOTALS	569	1,240	56	26	93	82	89	245	807	1,593	2,400

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HEALTH SERVICE AREA 001
LTC PLANNING AREA Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	276	1,073	1	47	412	0	1,809
Skilled Under 22	0	81	0	0	1	0	82
ICF/DD		175	0	0	0	0	175
Sheltered Care			0	2	314	18	334
TOTALS	276	1,329	1	49	727	18	2,400

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	198	166
Skilled Under 22	190	171
Intermediate DD	215	173
Shelter	117	91

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	1	2	0	6
Amer. Indian	1	0	1	0	2
Black	154	11	29	0	194
Hawaiian/Pac. Isl.	0	0	7	0	7
White	1,648	57	136	334	2,175
Race Unknown	3	13	0	0	16
Total	1,809	82	175	334	2,400

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	18	5	7	0	30
Non-Hispanic	1,739	77	168	302	2,286
Ethnicity Unknown	52	0	0	32	84
Total	1,809	82	175	334	2,400

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	24.00
Physicians	0.20
Director of Nursing	19.00
Registered Nurses	145.43
LPN's	276.48
Certified Aides	1018.37
Other Health Staff	76.48
Non-Health Staff	892.49
Totals	2452.45

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
23.5%	41.7%	1.9%	4.0%	28.9%	100.0%		0.3%
33,633,102	59,532,163	2,650,324	5,776,562	41,295,093	142,887,245	441,763	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	002
LTC PLANNING AREA	Bureau/Putnam
State of Illinois	
TOTAL FACILITIES	6
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	5
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	4

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	14
Endocrine/Metabolic	28
Blood Disorders	2
Nervous System Non Alzheimer	14
Alzheimer Disease	47
Mental Illness	25
Developmental Disability	5
Circulatory System	71
Respiratory System	30
Digestive System	12
Genitourinary System Disorders	16
Skin Disorders	3
Musculo-skeletal Disorders	27
Injuries and Poisonings	17
Other Medical Conditions	36
Non-Medical Conditions	1
TOTALS	348

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	473	467	385	467	339	134	251	436
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	29	29	24	29	9	20		
TOTAL BEDS	502	496	409	496	348	154	251	436

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	368
Total Admissions 2007	876
Total Discharges 2007	896
Residents on 12/31/2007	348

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17,447	19.0%	67,176	42.2%	39,917	124,540	72.1%	73.1%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					4,436	4,436	41.9%	41.9%
TOTALS	17,447	19.0%	67,176	42.2%	44,353	128,976	70.4%	71.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	7	0	0	0	0	0	0	2	7	9
60 to 64	5	7	0	0	0	0	0	0	5	7	12
65 to 74	21	13	0	0	0	0	0	0	21	13	34
75 to 84	28	75	0	0	0	0	0	6	28	81	109
85+	34	147	0	0	0	0	0	3	34	150	184
TOTALS	90	249	0	0	0	0	0	9	90	258	348

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HEALTH SERVICE AREA 002
LTC PLANNING AREA Bureau/Putnam

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	46	182	0	6	105	0	339
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	9	0	9
TOTALS	46	182	0	6	114	0	348

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	178
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	175	95

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	337	0	0	9	346
Race Unknown	0	0	0	0	0
Total	339	0	0	9	348

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	336	0	0	9	345
Ethnicity Unknown	0	0	0	0	0
Total	339	0	0	9	348

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.30
Physicians	0.00
Director of Nursing	5.00
Registered Nurses	29.69
LPN's	29.21
Certified Aides	121.45
Other Health Staff	19.00
Non-Health Staff	100.34
Totals	309.99

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
30.0%	31.2%	0.0%	1.1%	37.6%	100.0%		0.1%
4,748,926	4,935,527	0	181,286	5,943,177	15,808,917	18,427	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HEALTH SERVICE AREA	002
LTC PLANNING AREA	Fulton
State of Illinois	
TOTAL FACILITIES	11
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	10
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	9
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	8

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	4
Chronic Alcoholism	4
Developmentally Disabled	4
Drug Addiction	6
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	1
Unable to Self-Medicate	1
Ventilator Dependent	9
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	41
Blood Disorders	6
Nervous System Non Alzheimer	37
Alzheimer Disease	71
Mental Illness	44
Developmental Disability	75
Circulatory System	116
Respiratory System	54
Digestive System	35
Genitourinary System Disorders	14
Skin Disorders	4
Musculo-skeletal Disorders	56
Injuries and Poisonings	36
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	616

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	728	700	603	700	541	187	488	641
Skilled Under 22	70	70	60	70	60	10		50
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	7	7	0	0	0		
TOTAL BEDS	814	793	686	786	616	198	488	707

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	623
Total Admissions 2007	981
Total Discharges 2007	988
Residents on 12/31/2007	616

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	23,430	13.2%	116,213	49.7%	60,030	199,673	75.1%	78.1%
Skilled Under 22			21,405	117.3%	0	21,405	83.8%	83.8%
Intermediate DD			5,526	94.6%	0	5,526	94.6%	94.6%
Sheltered Care					1,663	1,663	0.0%	65.1%
TOTALS	23,430	13.2%	143,144	55.5%	61,693	228,267	76.8%	78.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	6	9	0	0	0	0	6	9	15
18 to 44	7	1	20	24	2	4	0	0	29	29	58
45 to 59	24	21	0	1	5	3	0	0	29	25	54
60 to 64	6	6	0	0	0	1	0	0	6	7	13
65 to 74	26	27	0	0	0	0	0	0	26	27	53
75 to 84	40	111	0	0	0	0	0	0	40	111	151
85+	50	222	0	0	0	0	0	0	50	222	272
TOTALS	153	388	26	34	7	8	0	0	186	430	616

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HEALTH SERVICE AREA 002
LTC PLANNING AREA Fulton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	65	317	0	12	147	0	541
Skilled Under 22	0	60	0	0	0	0	60
ICF/DD		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	65	392	0	12	147	0	616

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	134
Skilled Under 22	189	189
Intermediate DD	105	105
Shelter	123	120

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	1	0	0	1
Amer. Indian	0	0	0	0	0
Black	3	28	0	0	31
Hawaiian/Pac. Isl.	0	0	0	0	0
White	538	31	15	0	584
Race Unknown	0	0	0	0	0
Total	541	60	15	0	616

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	3	0	0	4
Non-Hispanic	540	57	15	0	612
Ethnicity Unknown	0	0	0	0	0
Total	541	60	15	0	616

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	11.00
Physicians	0.00
Director of Nursing	12.00
Registered Nurses	39.27
LPN's	79.20
Certified Aides	261.77
Other Health Staff	55.00
Non-Health Staff	210.18
Totals	668.42

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
19.0%	55.7%	0.6%	2.4%	22.3%	100.0%		0.1%
6,480,884	18,993,850	209,571	807,667	7,621,339	34,113,315	47,984	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	13
Blood Disorders	3
Nervous System Non Alzheimer	23
Alzheimer Disease	33
Mental Illness	4
Developmental Disability	1
Circulatory System	53
Respiratory System	7
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	18
Injuries and Poisonings	1
Other Medical Conditions	7
Non-Medical Conditions	6
TOTALS	184

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	262	258	211	196	184	78	168	222
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	262	258	211	196	184	78	168	222

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	190
Total Admissions 2007	251
Total Discharges 2007	257
Residents on 12/31/2007	184

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5,881	9.6%	30,477	37.6%	27,813	64,171	67.1%	68.1%
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	5,881	9.6%	30,477	37.6%	27,813	64,171	67.1%	68.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	2	0	0	0	0	0	0	5	2	7
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	7	9	0	0	0	0	0	0	7	9	16
75 to 84	20	32	0	0	0	0	0	0	20	32	52
85+	23	82	0	0	0	0	0	0	23	82	105
TOTALS	57	127	0	0	0	0	0	0	57	127	184

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	12	87	0	7	78	0	184
Skilled Under 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	87	0	7	78	0	184

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	146	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	184	0	0	0	184
Race Unknown	0	0	0	0	0
Total	184	0	0	0	184

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	183	0	0	0	183
Ethnicity Unknown	0	0	0	0	0
Total	184	0	0	0	184

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	15.50
LPN's	34.30
Certified Aides	90.90
Other Health Staff	9.00
Non-Health Staff	79.00
Totals	236.70

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
30.9%	33.7%	1.1%	0.2%	34.0%	100.0%		0.0%
2,532,110	2,765,471	93,213	18,230	2,786,719	8,195,743	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	002
LTC PLANNING AREA	Knox
State of Illinois	
TOTAL FACILITIES	16
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	15
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	9
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	7
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	8
FOR PROFIT OWNERSHIP	7

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	11
Chronic Alcoholism	9
Developmentally Disabled	3
Drug Addiction	10
Medicaid Recipient	1
Medicare Recipient	7
Mental Illness	2
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	1
Under 65 Years Old	1
Unable to Self-Medicate	0
Ventilator Dependent	14
Infectious Disease w/ Isolation	6
Other Restrictions	1
No Restrictions	2

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	14
Endocrine/Metabolic	41
Blood Disorders	6
Nervous System Non Alzheimer	26
Alzheimer Disease	89
Mental Illness	18
Developmental Disability	314
Circulatory System	151
Respiratory System	65
Digestive System	34
Genitourinary System Disorders	35
Skin Disorders	5
Musculo-skeletal Disorders	74
Injuries and Poisonings	38
Other Medical Conditions	64
Non-Medical Conditions	0
TOTALS	974

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	965	960	705	959	665	300	705	775
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	351	321	312	321	309	42		351
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	1,316	1,281	1,017	1,280	974	342	705	1126

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	949
Total Admissions 2007	2,058
Total Discharges 2007	2,033
Residents on 12/31/2007	974

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	38,034	14.8%	131,993	46.7%	68,482	238,509	67.7%	68.1%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			108,676	84.8%	1,049	109,725	85.6%	93.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	38,034	14.8%	240,669	58.6%	69,531	348,234	72.5%	74.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	11	0	0	47	47	0	0	53	58	111
45 to 59	10	10	0	0	67	54	0	0	77	64	141
60 to 64	13	18	0	0	19	18	0	0	32	36	68
65 to 74	50	69	0	0	8	11	0	0	79	80	159
75 to 84	71	153	0	0	8	8	0	0	79	161	240
85+	60	194	0	0	0	1	0	0	60	195	255
TOTALS	210	455	0	0	170	139	0	0	380	594	974

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 002
LTC PLANNING AREA Knox

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	106	375	2	18	164	0	665
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		308	0	0	1	0	309
Sheltered Care			0	0	0	0	0
TOTALS	106	683	2	18	165	0	974

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	151
Skilled Under 22	0	0
Intermediate DD	115	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	1	0	1
Black	13	0	37	0	50
Hawaiian/Pac. Isl.	1	0	0	0	1
White	649	0	269	0	918
Race Unknown	2	0	0	0	2
Total	665	0	309	0	974

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	3	0	7
Non-Hispanic	634	0	264	0	898
Ethnicity Unknown	27	0	42	0	69
Total	665	0	309	0	974

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	11.50
Physicians	0.00
Director of Nursing	10.00
Registered Nurses	48.40
LPN's	115.33
Certified Aides	407.80
Other Health Staff	97.45
Non-Health Staff	295.05
Totals	985.53

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
36.1%	41.5%	0.8%	3.5%	18.1%	100.0%		0.1%
22,300,491	25,614,928	510,336	2,137,324	11,202,339	61,765,422	31,453	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	002
LTC PLANNING AREA	LaSalle
State of Illinois	
TOTAL FACILITIES	17
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	16
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	11
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	4
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	2
NON-PROFIT OWNERSHIP	6
FOR PROFIT OWNERSHIP	9

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	13
Chronic Alcoholism	6
Developmentally Disabled	10
Drug Addiction	9
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	9
Non-Ambulatory	2
Non-Mobile	3
Public Aid Recipient	3
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	14
Infectious Disease w/ Isolation	4
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	36
Endocrine/Metabolic	53
Blood Disorders	13
Nervous System Non Alzheimer	86
Alzheimer Disease	138
Mental Illness	56
Developmental Disability	78
Circulatory System	297
Respiratory System	101
Digestive System	41
Genitourinary System Disorders	29
Skin Disorders	8
Musculo-skeletal Disorders	97
Injuries and Poisonings	56
Other Medical Conditions	131
Non-Medical Conditions	5
TOTALS	1,225

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1,392	1,356	1,220	1,257	1,133	259	915	1060
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	64	64	61	64	61	3		63
Sheltered Care	42	40	34	40	31	11		
TOTAL BEDS	1,498	1,460	1,315	1,361	1,225	273	915	1123

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	1,173
Total Admissions 2007	2,056
Total Discharges 2007	2,004
Residents on 12/31/2007	1,225

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	58,632	17.6%	194,750	50.3%	154,135	407,517	80.2%	82.3%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			20,476	89.0%	0	20,476	87.7%	87.7%
Sheltered Care					11,029	11,029	71.9%	75.5%
TOTALS	58,632	17.6%	215,226	52.5%	165,164	439,022	80.3%	82.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	4	0	0	18	17	0	0	19	21	40
45 to 59	17	9	0	0	12	9	0	0	29	18	47
60 to 64	15	14	0	0	2	1	0	1	17	16	33
65 to 74	49	47	0	0	0	2	1	0	50	49	99
75 to 84	123	228	0	0	0	0	1	6	124	234	358
85+	132	494	0	0	0	0	5	17	137	511	648
TOTALS	337	796	0	0	32	29	7	24	376	849	1,225

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 002
LTC PLANNING AREA LaSalle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	181	521	3	96	332	0	1,133
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		45	16	0	0	0	61
Sheltered Care			0	0	31	0	31
TOTALS	181	566	19	96	363	0	1,225

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	187	160
Skilled Under 22	0	0
Intermediate DD	0	123
Shelter	80	88

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	1	0	0	0	1
Black	2	0	3	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	1,127	0	58	31	1,216
Race Unknown	1	0	0	0	1
Total	1,133	0	61	31	1,225

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	1	0	4
Non-Hispanic	1,112	0	60	31	1,203
Ethnicity Unknown	18	0	0	0	18
Total	1,133	0	61	31	1,225

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	16.25
Physicians	0.00
Director of Nursing	13.00
Registered Nurses	96.43
LPN's	106.82
Certified Aides	450.81
Other Health Staff	97.24
Non-Health Staff	358.62
Totals	1139.17

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
27.2%	33.6%	5.3%	0.1%	33.9%	100.0%		0.0%
16,359,327	20,220,032	3,188,921	66,543	20,397,058	60,231,883	13,254	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	34
Blood Disorders	2
Nervous System Non Alzheimer	28
Alzheimer Disease	27
Mental Illness	4
Developmental Disability	2
Circulatory System	91
Respiratory System	26
Digestive System	15
Genitourinary System Disorders	13
Skin Disorders	5
Musculo-skeletal Disorders	28
Injuries and Poisonings	8
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	303

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	376	367	349	287	303	73	105	227
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	376	367	349	287	303	73	105	227

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	317
Total Admissions 2007	837
Total Discharges 2007	851
Residents on 12/31/2007	303

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17,032	44.4%	56,263	67.9%	41,910	115,205	83.9%	86.0%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	17,032	44.4%	56,263	67.9%	41,910	115,205	83.9%	86.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	7	0	0	0	0	0	0	3	7	10
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	8	17	0	0	0	0	0	0	8	17	25
75 to 84	24	72	0	0	0	0	0	0	24	72	96
85+	21	146	0	0	0	0	0	0	21	146	167
TOTALS	56	247	0	0	0	0	0	0	56	247	303

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 002
LTC PLANNING AREA McDonough

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	47	146	0	2	108	0	303
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	47	146	0	2	108	0	303

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	224	200
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	298	0	0	0	298
Race Unknown	0	0	0	0	0
Total	303	0	0	0	303

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	302	0	0	0	302
Ethnicity Unknown	0	0	0	0	0
Total	303	0	0	0	303

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	6.00
Physicians	0.00
Director of Nursing	6.00
Registered Nurses	36.70
LPN's	36.80
Certified Aides	133.40
Other Health Staff	21.00
Non-Health Staff	106.00
Totals	345.90

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
27.0%	39.7%	0.0%	1.7%	31.6%	100.0%		0.0%
4,468,082	6,562,007	0	280,523	5,221,473	16,532,087	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	26
Blood Disorders	1
Nervous System Non Alzheimer	18
Alzheimer Disease	78
Mental Illness	53
Developmental Disability	1
Circulatory System	38
Respiratory System	13
Digestive System	5
Genitourinary System Disorders	7
Skin Disorders	4
Musculo-skeletal Disorders	25
Injuries and Poisonings	8
Other Medical Conditions	44
Non-Medical Conditions	0
TOTALS	323

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	427	417	376	417	323	104	213	353
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	427	417	376	417	323	104	213	353

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	349
Total Admissions 2007	406
Total Discharges 2007	432
Residents on 12/31/2007	323

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13,792	17.7%	64,603	50.1%	46,019	124,414	79.8%	81.7%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	13,792	17.7%	64,603	50.1%	46,019	124,414	79.8%	81.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	6	0	0	0	0	0	0	1	6	7
45 to 59	11	17	0	0	0	0	0	0	11	17	28
60 to 64	7	11	0	0	0	0	0	0	7	11	18
65 to 74	22	11	0	0	0	0	0	0	22	11	33
75 to 84	34	62	0	0	0	0	0	0	34	62	96
85+	28	113	0	0	0	0	0	0	28	113	141
TOTALS	103	220	0	0	0	0	0	0	103	220	323

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 002
LTC PLANNING AREA Marshall/Stark

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	50	173	1	4	95	0	323
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	50	173	1	4	95	0	323

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	143
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	320	0	0	0	320
Race Unknown	0	0	0	0	0
Total	323	0	0	0	323

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	318	0	0	0	318
Ethnicity Unknown	0	0	0	0	0
Total	323	0	0	0	323

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	22.00
LPN's	38.00
Certified Aides	131.00
Other Health Staff	57.00
Non-Health Staff	105.00
Totals	361.00

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
28.5%	35.2%	0.1%	2.8%	33.4%	100.0%		0.0%
5,335,703	6,589,881	19,404	519,239	6,251,732	18,715,960	5	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	002
LTC PLANNING AREA	Peoria
State of Illinois	
TOTAL FACILITIES	24
HOSPITAL BASED UNITS	2
FREE STANDING FACILITIES	22
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	14
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	7
MULTI-LICENSED FACILITIES	3
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	14
FOR PROFIT OWNERSHIP	8

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	12
Chronic Alcoholism	16
Developmentally Disabled	8
Drug Addiction	15
Medicaid Recipient	3
Medicare Recipient	2
Mental Illness	14
Non-Ambulatory	5
Non-Mobile	4
Public Aid Recipient	3
Under 65 Years Old	2
Unable to Self-Medicate	4
Ventilator Dependent	20
Infectious Disease w/ Isolation	9
Other Restrictions	3
No Restrictions	2

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	29
Endocrine/Metabolic	76
Blood Disorders	25
Nervous System Non Alzheimer	62
Alzheimer Disease	158
Mental Illness	338
Developmental Disability	59
Circulatory System	178
Respiratory System	94
Digestive System	50
Genitourinary System Disorders	51
Skin Disorders	26
Musculo-skeletal Disorders	141
Injuries and Poisonings	172
Other Medical Conditions	184
Non-Medical Conditions	6
TOTALS	1,649

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1,822	1,811	1,696	1,811	1,566	256	698	1212
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	61	61	58	61	55	6		61
Sheltered Care	33	30	28	30	28	5		
TOTAL BEDS	1,916	1,902	1,782	1,902	1,649	267	698	1273

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	1,621
Total Admissions 2007	2,751
Total Discharges 2007	2,723
Residents on 12/31/2007	1,649

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	62,776	24.6%	341,846	77.3%	159,503	564,125	84.8%	85.3%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			20,222	90.8%	0	20,222	90.8%	90.8%
Sheltered Care					8,877	8,877	73.7%	81.1%
TOTALS	62,776	24.6%	362,068	77.9%	168,380	593,224	84.8%	85.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	91	54	0	0	12	9	0	0	103	63	166
45 to 59	177	109	0	0	12	16	0	0	189	125	314
60 to 64	47	64	0	0	1	2	0	0	48	66	114
65 to 74	66	109	0	0	2	0	0	0	66	109	175
75 to 84	98	218	0	0	2	0	2	5	102	223	325
85+	93	440	0	0	0	1	3	18	96	459	555
TOTALS	572	994	0	0	27	28	5	23	604	1,045	1,649

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HEALTH SERVICE AREA 002
LTC PLANNING AREA Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	168	956	2	33	407	0	1,566
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		55	0	0	0	0	55
Sheltered Care			1	0	27	0	28
TOTALS	168	1,011	3	33	434	0	1,649

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	193	144
Skilled Under 22	0	0
Intermediate DD	181	111
Shelter	81	88

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	151	0	8	0	159
Hawaiian/Pac. Isl.	0	0	0	0	0
White	1,405	0	47	28	1,480
Race Unknown	8	0	0	0	8
Total	1,566	0	55	28	1,649

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	1,476	0	55	26	1,557
Ethnicity Unknown	76	0	0	2	78
Total	1,566	0	55	28	1,649

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	26.00
Physicians	0.00
Director of Nursing	15.00
Registered Nurses	100.06
LPN's	181.30
Certified Aides	566.10
Other Health Staff	127.10
Non-Health Staff	489.50
Totals	1505.06

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
21.2%	41.3%	1.9%	6.0%	29.5%	100.0%		0.0%
19,579,347	38,119,899	1,777,748	5,557,264	27,221,419	92,255,680	1,859	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HEALTH SERVICE AREA	002
LTC PLANNING AREA	Tazewell
State of Illinois	
TOTAL FACILITIES	20
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	19
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	12
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	7
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	9
FOR PROFIT OWNERSHIP	11

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	8
Chronic Alcoholism	12
Developmentally Disabled	5
Drug Addiction	14
Medicaid Recipient	2
Medicare Recipient	2
Mental Illness	7
Non-Ambulatory	3
Non-Mobile	2
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	15
Infectious Disease w/ Isolation	7
Other Restrictions	2
No Restrictions	2

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	21
Endocrine/Metabolic	85
Blood Disorders	12
Nervous System Non Alzheimer	93
Alzheimer Disease	207
Mental Illness	44
Developmental Disability	203
Circulatory System	189
Respiratory System	87
Digestive System	36
Genitourinary System Disorders	28
Skin Disorders	10
Musculo-skeletal Disorders	82
Injuries and Poisonings	29
Other Medical Conditions	85
Non-Medical Conditions	10
TOTALS	1,221

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1,396	1,317	1,202	1,309	1,021	375	936	1230
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	194	194	190	194	185	9		178
Sheltered Care	26	24	24	24	15	11		
TOTAL BEDS	1,616	1,535	1,416	1,527	1,221	395	936	1408

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	1,285
Total Admissions 2007	2,412
Total Discharges 2007	2,476
Residents on 12/31/2007	1,221

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	56,875	16.6%	196,897	43.9%	130,797	384,569	75.5%	80.0%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			67,820	104.4%	365	68,185	96.3%	96.3%
Sheltered Care					5,106	5,106	53.8%	58.3%
TOTALS	56,875	16.6%	264,717	51.5%	136,268	457,860	77.6%	81.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	2	0	0	45	46	0	0	52	48	100
45 to 59	25	31	0	0	30	32	0	0	55	63	118
60 to 64	15	45	0	0	4	9	0	0	19	54	73
65 to 74	42	97	0	0	2	10	0	0	47	107	154
75 to 84	89	215	0	0	2	2	2	4	93	221	314
85+	105	348	0	0	0	0	2	7	107	355	462
TOTALS	283	738	0	0	86	99	4	11	373	848	1,221

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 002
LTC PLANNING AREA Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	156	507	2	17	332	7	1,021
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		184	0	0	1	0	185
Sheltered Care			0	0	15	0	15
TOTALS	156	691	2	17	348	7	1,221

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	181
Skilled Under 22	0	0
Intermediate DD	120	125
Shelter	130	114

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	15	0	4	0	19
Hawaiian/Pac. Isl.	1	0	0	0	1
White	998	0	181	15	1,194
Race Unknown	5	0	0	0	5
Total	1,021	0	185	15	1,221

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	1,012	0	185	15	1,212
Ethnicity Unknown	0	0	0	0	0
Total	1,021	0	185	15	1,221

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	18.16
Physicians	0.00
Director of Nursing	15.52
Registered Nurses	92.89
LPN's	147.77
Certified Aides	550.19
Other Health Staff	105.67
Non-Health Staff	393.75
Totals	1323.95

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
27.0%	38.8%	0.3%	3.9%	30.1%	100.0%		0.7%
19,290,526	27,669,948	210,886	2,760,636	21,464,487	71,396,485	506,057	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	16
Blood Disorders	3
Nervous System Non Alzheimer	34
Alzheimer Disease	131
Mental Illness	119
Developmental Disability	1
Circulatory System	108
Respiratory System	15
Digestive System	11
Genitourinary System Disorders	15
Skin Disorders	2
Musculo-skeletal Disorders	60
Injuries and Poisonings	26
Other Medical Conditions	27
Non-Medical Conditions	0
TOTALS	573

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	601	597	581	583	536	65	376	589
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	62	57	51	57	37	25		
TOTAL BEDS	663	654	632	640	573	90	376	589

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	586
Total Admissions 2007	486
Total Discharges 2007	499
Residents on 12/31/2007	573

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12,263	8.9%	95,725	44.5%	92,125	200,113	91.2%	91.8%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					17,388	17,388	76.8%	83.6%
TOTALS	12,263	8.9%	95,725	44.5%	109,513	217,501	89.9%	91.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	13	8	0	0	0	0	0	0	13	8	21
45 to 59	22	23	0	0	0	0	0	0	22	23	45
60 to 64	9	9	0	0	0	0	0	0	9	9	18
65 to 74	21	30	0	0	0	0	0	0	21	30	51
75 to 84	40	90	0	0	0	0	0	7	40	97	137
85+	56	215	0	0	0	0	3	27	59	242	301
TOTALS	161	375	0	0	0	0	3	34	164	409	573

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	38	269	6	0	223	0	536
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	37	0	37
TOTALS	38	269	6	0	260	0	573

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	177	163
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	109	94

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	531	0	0	37	568
Race Unknown	1	0	0	0	1
Total	536	0	0	37	573

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	535	0	0	37	572
Ethnicity Unknown	0	0	0	0	0
Total	536	0	0	37	573

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	42.83
LPN's	56.00
Certified Aides	223.00
Other Health Staff	35.86
Non-Health Staff	204.38
Totals	577.07

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
12.5%	29.8%	0.8%	0.9%	55.9%	100.0%		0.3%
3,871,873	9,213,445	261,982	293,296	17,266,384	30,906,983	82,268	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	9
Chronic Alcoholism	7
Developmentally Disabled	5
Drug Addiction	8
Medicaid Recipient	1
Medicare Recipient	2
Mental Illness	4
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	1
Unable to Self-Medicate	0
Ventilator Dependent	8
Infectious Disease w/ Isolation	2
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	26
Endocrine/Metabolic	107
Blood Disorders	10
Nervous System Non Alzheimer	104
Alzheimer Disease	176
Mental Illness	132
Developmental Disability	36
Circulatory System	333
Respiratory System	73
Digestive System	15
Genitourinary System Disorders	23
Skin Disorders	4
Musculo-skeletal Disorders	97
Injuries and Poisonings	21
Other Medical Conditions	75
Non-Medical Conditions	0
TOTALS	1,232

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1,499	1,485	1,186	1,458	1,093	406	248	904
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	32	32	32	32	31	1		32
Sheltered Care	229	229	111	229	108	121		
TOTAL BEDS	1,760	1,746	1,329	1,719	1,232	528	248	936

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	1,271
Total Admissions 2007	1,363
Total Discharges 2007	1,402
Residents on 12/31/2007	1,232

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	28,727	31.7%	131,026	39.7%	228,840	388,593	71.0%	71.7%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			11,505	98.5%	0	11,505	98.5%	98.5%
Sheltered Care					32,862	32,862	39.3%	39.3%
TOTALS	28,727	31.7%	142,531	41.7%	261,702	432,960	67.4%	67.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	4	3	0	0	6	3	9
45 to 59	35	12	0	0	7	7	1	0	43	19	62
60 to 64	40	11	0	0	0	1	5	2	45	14	59
65 to 74	53	40	0	0	2	4	13	2	69	46	115
75 to 84	192	154	0	0	2	0	18	29	212	183	395
85+	207	332	0	0	0	0	10	43	217	375	592
TOTALS	529	549	0	0	16	15	47	76	592	640	1,232

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 003
LTC PLANNING AREA Adams

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	71	351	0	30	643	0	1,095
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		31	0	0	0	0	31
Sheltered Care			0	0	106	0	106
TOTALS	71	382	0	30	749	0	1,232

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	181
Skilled Under 22	0	0
Intermediate DD	114	114
Shelter	115	79

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	26	0	2	1	29
Hawaiian/Pac. Isl.	0	0	0	0	0
White	1,068	0	29	105	1,202
Race Unknown	1	0	0	0	1
Total	1,095	0	31	106	1,232

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	1,095	0	31	106	1,232
Ethnicity Unknown	0	0	0	0	0
Total	1,095	0	31	106	1,232

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.50
Physicians	4.00
Director of Nursing	11.00
Registered Nurses	89.63
LPN's	214.42
Certified Aides	461.79
Other Health Staff	44.27
Non-Health Staff	611.33
Totals	1446.94

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
15.3%	24.1%	18.8%	1.2%	40.6%	100.0%		0.0%
7,959,922	12,552,619	9,792,381	623,603	21,172,872	52,101,400	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	19
Blood Disorders	0
Nervous System Non Alzheimer	11
Alzheimer Disease	18
Mental Illness	8
Developmental Disability	6
Circulatory System	33
Respiratory System	10
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	8
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	146

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	216	205	169	205	146	70	104	186
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	216	205	169	205	146	70	104	186

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	150
Total Admissions 2007	167
Total Discharges 2007	171
Residents on 12/31/2007	146

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3,154	8.3%	29,125	42.9%	14,649	46,928	59.5%	62.7%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	3,154	8.3%	29,125	42.9%	14,649	46,928	59.5%	62.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	11	6	0	0	0	0	0	0	11	6	17
75 to 84	14	27	0	0	0	0	0	0	14	27	41
85+	18	64	0	0	0	0	0	0	18	64	82
TOTALS	46	100	0	0	0	0	0	0	46	100	146

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 003
LTC PLANNING AREA Brown/Schuyler

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	77	0	1	60	0	146
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	77	0	1	60	0	146

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	113
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	146	0	0	0	146
Race Unknown	0	0	0	0	0
Total	146	0	0	0	146

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	146	0	0	0	146
Ethnicity Unknown	0	0	0	0	0
Total	146	0	0	0	146

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	4.00
LPN's	25.00
Certified Aides	56.00
Other Health Staff	2.00
Non-Health Staff	47.00
Totals	140.00

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
19.4%	51.0%	0.0%	0.0%	29.6%	100.0%		0.0%
929,904	2,448,706	0	0	1,423,817	4,802,430	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	9
Blood Disorders	0
Nervous System Non Alzheimer	10
Alzheimer Disease	61
Mental Illness	22
Developmental Disability	16
Circulatory System	72
Respiratory System	26
Digestive System	8
Genitourinary System Disorders	7
Skin Disorders	3
Musculo-skeletal Disorders	17
Injuries and Poisonings	19
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	302

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	337	337	298	337	286	51	337	337
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	353	353	314	353	302	51	337	353

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	286
Total Admissions 2007	323
Total Discharges 2007	307
Residents on 12/31/2007	302

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11,218	9.1%	57,594	46.8%	33,005	101,817	82.8%	82.8%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,681	97.3%	90	5,771	98.8%	98.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	11,218	9.1%	63,275	49.1%	33,095	107,588	83.5%	83.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	5	0	0	2	5	7
45 to 59	4	5	0	0	1	6	0	0	5	11	16
60 to 64	3	5	0	0	0	1	0	0	3	6	9
65 to 74	11	11	0	0	0	0	0	0	12	11	23
75 to 84	14	69	0	0	0	0	0	0	14	69	83
85+	35	129	0	0	0	0	0	0	35	129	164
TOTALS	67	219	0	0	4	12	0	0	71	231	302

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	31	164	1	0	90	0	286
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	31	179	1	0	91	0	302

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	116
Skilled Under 22	0	0
Intermediate DD	115	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	286	0	16	0	302
Race Unknown	0	0	0	0	0
Total	286	0	16	0	302

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	286	0	16	0	302
Ethnicity Unknown	0	0	0	0	0
Total	286	0	16	0	302

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.25
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	12.00
LPN's	35.00
Certified Aides	115.40
Other Health Staff	35.75
Non-Health Staff	83.80
Totals	290.20

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
35.9%	40.1%	1.6%	0.2%	22.2%	100.0%		0.1%
5,724,342	6,392,012	252,852	36,665	3,541,600	15,947,473	8,624	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	17
Blood Disorders	1
Nervous System Non Alzheimer	8
Alzheimer Disease	60
Mental Illness	1
Developmental Disability	18
Circulatory System	18
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	4
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	169

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	221	211	184	202	153	68	221	221
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	237	227	200	218	169	68	221	237

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	180
Total Admissions 2007	149
Total Discharges 2007	160
Residents on 12/31/2007	169

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5,773	7.2%	33,939	42.1%	16,508	56,220	69.7%	73.0%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,840	100.0%	0	5,840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	5,773	7.2%	39,779	46.0%	16,508	62,060	71.7%	74.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	5	0	0	4	5	9
45 to 59	3	3	0	0	6	1	0	0	9	4	13
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	11	10	0	0	0	0	0	0	11	10	21
75 to 84	12	40	0	0	0	0	0	0	12	40	52
85+	12	58	0	0	0	0	0	0	12	58	70
TOTALS	40	113	0	0	10	6	0	0	50	119	169

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HEALTH SERVICE AREA 003
LTC PLANNING AREA Cass

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	89	0	0	45	0	153
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	105	0	0	45	0	169

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	130
Skilled Under 22	0	0
Intermediate DD	0	112
Shelter	0	130

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	153	0	13	0	166
Race Unknown	0	0	0	0	0
Total	153	0	16	0	169

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	153	0	15	0	168
Ethnicity Unknown	0	0	0	0	0
Total	153	0	16	0	169

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.25
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	9.00
LPN's	34.00
Certified Aides	89.50
Other Health Staff	22.00
Non-Health Staff	46.00
Totals	208.75

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
22.8%	45.7%	0.0%	0.7%	30.8%	100.0%		0.0%
1,715,884	3,446,454	0	53,075	2,325,690	7,541,104	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	13
Endocrine/Metabolic	17
Blood Disorders	18
Nervous System Non Alzheimer	40
Alzheimer Disease	22
Mental Illness	6
Developmental Disability	62
Circulatory System	88
Respiratory System	26
Digestive System	22
Genitourinary System Disorders	15
Skin Disorders	5
Musculo-skeletal Disorders	17
Injuries and Poisonings	35
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	400

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	516	463	395	427	356	160	316	520
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	48	48	45	48	44	4		48
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	564	511	440	475	400	164	316	568

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	393
Total Admissions 2007	786
Total Discharges 2007	779
Residents on 12/31/2007	400

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	18,208	15.8%	74,925	39.5%	33,922	127,055	67.5%	75.2%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			15,887	90.7%	0	15,887	90.7%	90.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	18,208	15.8%	90,812	43.8%	33,922	142,942	69.4%	76.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	4	0	0	12	10	0	0	19	14	33
45 to 59	7	8	0	0	5	9	0	0	12	17	29
60 to 64	3	3	0	0	2	1	0	0	5	4	9
65 to 74	14	22	0	0	0	1	0	0	18	23	41
75 to 84	30	56	0	0	0	0	0	0	30	56	86
85+	37	165	0	0	0	0	0	0	37	165	202
TOTALS	98	258	0	0	23	21	0	0	121	279	400

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	54	202	0	3	97	0	356
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		44	0	0	0	0	44
Sheltered Care			0	0	0	0	0
TOTALS	54	246	0	3	97	0	400

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	147
Skilled Under 22	0	0
Intermediate DD	115	113
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	4	0	9
Hawaiian/Pac. Isl.	1	0	0	0	1
White	350	0	39	0	389
Race Unknown	0	0	1	0	1
Total	356	0	44	0	400

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	273	0	43	0	316
Ethnicity Unknown	83	0	0	0	83
Total	356	0	44	0	400

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.60
Physicians	0.00
Director of Nursing	5.00
Registered Nurses	17.30
LPN's	58.21
Certified Aides	145.89
Other Health Staff	40.10
Non-Health Staff	114.17
Totals	388.27

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
29.6%	43.5%	0.0%	1.5%	25.4%	100.0%		0.0%
5,298,738	7,787,975	0	274,826	4,554,471	17,916,012	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	10
Blood Disorders	0
Nervous System Non Alzheimer	8
Alzheimer Disease	18
Mental Illness	4
Developmental Disability	1
Circulatory System	19
Respiratory System	15
Digestive System	6
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	15
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	112

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	159	159	126	159	112	47	119	159
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	159	159	126	159	112	47	119	159

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	111
Total Admissions 2007	122
Total Discharges 2007	121
Residents on 12/31/2007	112

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4,832	11.1%	23,860	41.1%	13,428	42,120	72.6%	72.6%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	4,832	11.1%	23,860	41.1%	13,428	42,120	72.6%	72.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	9	5	0	0	0	0	0	0	9	5	14
75 to 84	11	20	0	0	0	0	0	0	11	20	31
85+	24	37	0	0	0	0	0	0	24	37	61
TOTALS	46	66	0	0	0	0	0	0	46	66	112

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 003
LTC PLANNING AREA Greene

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	67	0	1	34	0	112
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	67	0	1	34	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	111	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	112	0	0	0	112
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.20
Director of Nursing	2.00
Registered Nurses	6.40
LPN's	15.50
Certified Aides	44.00
Other Health Staff	15.00
Non-Health Staff	18.00
Totals	103.10

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
40.4%	40.7%	1.3%	0.5%	17.1%	100.0%		0.0%
1,688,124	1,699,962	55,368	21,648	713,153	4,178,255	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Hancock
State of Illinois	
TOTAL FACILITIES	4
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	4
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	0
Nervous System Non Alzheimer	11
Alzheimer Disease	20
Mental Illness	9
Developmental Disability	15
Circulatory System	45
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	146

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	241	173	145	171	131	110	139	243
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	257	189	161	187	146	111	139	259

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	152
Total Admissions 2007	121
Total Discharges 2007	127
Residents on 12/31/2007	146

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1,523	3.0%	34,515	38.9%	33,856	69,894	79.5%	110.7%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,475	93.8%	0	5,475	93.8%	93.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	1,523	3.0%	39,990	42.3%	33,856	75,369	80.3%	109.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	2	0	0	5	2	7
45 to 59	2	1	0	0	3	1	0	0	5	2	7
60 to 64	0	1	0	0	1	0	0	0	1	1	2
65 to 74	8	9	0	0	0	2	0	0	9	11	20
75 to 84	6	34	0	0	0	0	0	0	6	34	40
85+	17	53	0	0	0	0	0	0	17	53	70
TOTALS	33	98	0	0	10	5	0	0	43	103	146

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 003
LTC PLANNING AREA Hancock

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	88	0	1	37	0	131
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	5	103	0	1	37	0	146

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	158	137
Skilled Under 22	0	0
Intermediate DD	0	110
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	129	0	15	0	144
Race Unknown	0	0	0	0	0
Total	131	0	15	0	146

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	131	0	15	0	146
Ethnicity Unknown	0	0	0	0	0
Total	131	0	15	0	146

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.25
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	6.80
LPN's	16.70
Certified Aides	51.70
Other Health Staff	2.00
Non-Health Staff	23.50
Totals	106.95

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
25.1%	45.3%	0.9%	2.1%	26.6%	100.0%		0.0%
2,532,918	4,574,046	91,861	213,092	2,689,990	10,101,907	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	3
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	16
Blood Disorders	5
Nervous System Non Alzheimer	11
Alzheimer Disease	53
Mental Illness	15
Developmental Disability	19
Circulatory System	47
Respiratory System	16
Digestive System	4
Genitourinary System Disorders	11
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	37
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	262

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	291	287	269	287	246	45	291	291
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	307	303	285	303	262	45	291	307

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	280
Total Admissions 2007	267
Total Discharges 2007	285
Residents on 12/31/2007	262

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13,427	12.6%	47,934	45.1%	29,927	91,288	85.9%	87.1%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,840	100.0%	0	5,840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	13,427	12.6%	53,774	48.0%	29,927	97,128	86.7%	87.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	4	0	0	2	4	6
45 to 59	3	2	0	0	7	1	0	0	10	3	13
60 to 64	3	3	0	0	1	1	0	0	4	4	8
65 to 74	14	19	0	0	0	0	0	0	14	19	33
75 to 84	28	53	0	0	0	0	0	0	28	53	81
85+	25	96	0	0	0	0	0	0	25	96	121
TOTALS	73	173	0	0	10	6	0	0	83	179	262

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 003
LTC PLANNING AREA Jersey

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	32	121	0	1	92	0	246
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	32	137	0	1	92	0	262

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	148	116
Skilled Under 22	0	0
Intermediate DD	0	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	245	0	15	0	260
Race Unknown	0	0	0	0	0
Total	246	0	16	0	262

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	246	0	16	0	262
Ethnicity Unknown	0	0	0	0	0
Total	246	0	16	0	262

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.25
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	11.00
LPN's	22.00
Certified Aides	102.30
Other Health Staff	12.70
Non-Health Staff	81.70
Totals	235.95

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
41.4%	33.6%	0.0%	0.0%	25.0%	100.0%		0.2%
5,915,100	4,804,046	0	0	3,575,552	14,294,700	29,041	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	5
Chronic Alcoholism	7
Developmentally Disabled	1
Drug Addiction	7
Medicaid Recipient	0
Medicare Recipient	2
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	2
Public Aid Recipient	0
Under 65 Years Old	1
Unable to Self-Medicate	1
Ventilator Dependent	7
Infectious Disease w/ Isolation	4
Other Restrictions	2
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	35
Blood Disorders	4
Nervous System Non Alzheimer	24
Alzheimer Disease	56
Mental Illness	15
Developmental Disability	70
Circulatory System	47
Respiratory System	49
Digestive System	9
Genitourinary System Disorders	10
Skin Disorders	2
Musculo-skeletal Disorders	25
Injuries and Poisonings	6
Other Medical Conditions	73
Non-Medical Conditions	16
TOTALS	443

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	468	459	417	355	383	85	292	461
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	63	63	63	63	60	3		63
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	531	522	480	418	443	88	292	524

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	446
Total Admissions 2007	509
Total Discharges 2007	512
Residents on 12/31/2007	443

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	16,284	15.3%	73,551	43.7%	50,692	140,527	82.3%	83.9%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			22,320	97.1%	0	22,320	97.1%	97.1%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	16,284	15.3%	95,871	50.1%	50,692	162,847	84.0%	85.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	5	0	0	10	9	0	0	15	14	29
45 to 59	10	11	0	0	13	11	0	0	23	22	45
60 to 64	1	4	0	0	2	4	0	0	3	8	11
65 to 74	8	21	0	0	2	5	0	0	11	26	37
75 to 84	28	101	0	0	2	1	0	0	30	102	132
85+	44	145	0	0	0	0	0	0	44	145	189
TOTALS	96	287	0	0	30	30	0	0	126	317	443

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 003
LTC PLANNING AREA Logan

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	42	198	7	2	134	0	383
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		60	0	0	0	0	60
Sheltered Care			0	0	0	0	0
TOTALS	42	258	7	2	134	0	443

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	137
Skilled Under 22	0	0
Intermediate DD	224	112
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	7	0	2	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	375	0	58	0	433
Race Unknown	0	0	0	0	0
Total	383	0	60	0	443

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	318	0	60	0	378
Ethnicity Unknown	65	0	0	0	65
Total	383	0	60	0	443

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.68
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	19.14
LPN's	66.00
Certified Aides	176.69
Other Health Staff	26.26
Non-Health Staff	135.04
Totals	432.81

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
24.8%	40.5%	0.0%	1.2%	33.5%	100.0%		0.0%
5,662,012	9,253,699	0	272,428	7,662,958	22,851,101	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

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

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	3
Chronic Alcoholism	2
Developmentally Disabled	3
Drug Addiction	4
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	2
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	8
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	11
Endocrine/Metabolic	35
Blood Disorders	10
Nervous System Non Alzheimer	19
Alzheimer Disease	106
Mental Illness	69
Developmental Disability	19
Circulatory System	86
Respiratory System	43
Digestive System	9
Genitourinary System Disorders	18
Skin Disorders	8
Musculo-skeletal Disorders	32
Injuries and Poisonings	17
Other Medical Conditions	55
Non-Medical Conditions	11
TOTALS	548

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	744	703	590	703	532	212	422	644
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	760	719	606	719	548	212	422	660

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	564
Total Admissions 2007	563
Total Discharges 2007	579
Residents on 12/31/2007	548

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	22,699	14.7%	111,155	47.3%	64,742	198,596	73.1%	77.4%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,426	92.9%	0	5,426	92.9%	92.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	22,699	14.7%	116,581	48.4%	64,742	204,022	73.5%	77.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	6	6	0	0	7	6	13
45 to 59	6	6	0	0	2	1	0	0	8	7	15
60 to 64	4	13	0	0	0	1	0	0	4	14	18
65 to 74	20	33	0	0	0	0	0	0	20	33	53
75 to 84	48	120	0	0	0	0	0	0	48	120	168
85+	45	236	0	0	0	0	0	0	45	236	281
TOTALS	124	408	0	0	8	8	0	0	132	416	548

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	57	295	0	5	174	1	532
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	57	311	0	5	174	1	548

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	119
Skilled Under 22	0	0
Intermediate DD	0	114
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	527	0	16	0	543
Race Unknown	0	0	0	0	0
Total	532	0	16	0	548

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	532	0	16	0	548
Ethnicity Unknown	0	0	0	0	0
Total	532	0	16	0	548

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	9.00
Physicians	0.00
Director of Nursing	8.00
Registered Nurses	21.03
LPN's	59.46
Certified Aides	220.43
Other Health Staff	21.00
Non-Health Staff	162.19
Totals	501.11

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
31.0%	36.8%	0.1%	0.2%	31.9%	100.0%		0.0%
7,999,564	9,485,110	36,765	58,440	8,225,258	25,805,140	3,650	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	12
Blood Disorders	0
Nervous System Non Alzheimer	13
Alzheimer Disease	8
Mental Illness	4
Developmental Disability	5
Circulatory System	31
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	35
Injuries and Poisonings	0
Other Medical Conditions	35
Non-Medical Conditions	0
TOTALS	152

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	164	160	142	160	137	27	84	164
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	31	31	15	31	15	16		
TOTAL BEDS	195	191	157	191	152	43	84	164

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	151
Total Admissions 2007	134
Total Discharges 2007	133
Residents on 12/31/2007	152

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4,636	15.1%	27,891	46.6%	15,375	47,902	80.0%	82.0%
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					4,967	4,967	43.9%	43.9%
TOTALS	4,636	15.1%	27,891	46.6%	20,342	52,869	74.3%	75.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	8	6	0	0	0	0	0	0	8	6	14
75 to 84	14	23	0	0	0	0	1	3	15	26	41
85+	17	62	0	0	0	0	0	11	17	73	90
TOTALS	43	94	0	0	0	0	1	14	44	108	152

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HEALTH SERVICE AREA 003
LTC PLANNING AREA Mason

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	81	0	1	39	0	137
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	16	81	0	1	54	0	152

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	127	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	73	91

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	137	0	0	15	152
Race Unknown	0	0	0	0	0
Total	137	0	0	15	152

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	136	0	0	15	151
Ethnicity Unknown	0	0	0	0	0
Total	137	0	0	15	152

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	9.00
LPN's	23.00
Certified Aides	55.00
Other Health Staff	8.00
Non-Health Staff	63.00
Totals	162.00

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
25.3%	42.1%	0.0%	0.0%	32.6%	100.0%		0.0%
1,522,671	2,530,843	0	0	1,959,636	6,013,150	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	19
Blood Disorders	0
Nervous System Non Alzheimer	38
Alzheimer Disease	16
Mental Illness	11
Developmental Disability	0
Circulatory System	37
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	3
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	151

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	192	182	153	182	151	41	30	192
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	192	182	153	182	151	41	30	192

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	138
Total Admissions 2007	216
Total Discharges 2007	203
Residents on 12/31/2007	151

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4,334	39.6%	29,074	41.5%	18,897	52,305	74.6%	78.7%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	4,334	39.6%	29,074	41.5%	18,897	52,305	74.6%	78.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	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	8	6	0	0	0	0	0	0	8	6	14
75 to 84	24	24	0	0	0	0	0	0	24	24	48
85+	17	67	0	0	0	0	0	0	17	67	84
TOTALS	51	100	0	0	0	0	0	0	51	100	151

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HEALTH SERVICE AREA 003
LTC PLANNING AREA Menard

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	77	0	0	54	0	151
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	77	0	0	54	0	151

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	124
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	146	0	0	0	146
Race Unknown	0	0	0	0	0
Total	151	0	0	0	151

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	150	0	0	0	150
Ethnicity Unknown	0	0	0	0	0
Total	151	0	0	0	151

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	2.00
Director of Nursing	2.00
Registered Nurses	7.00
LPN's	23.00
Certified Aides	69.00
Other Health Staff	4.00
Non-Health Staff	78.00
Totals	187.00

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
26.5%	43.2%	0.0%	0.0%	30.4%	100.0%		0.0%
1,999,609	3,260,043	0	0	2,292,406	7,552,058	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	3
Chronic Alcoholism	4
Developmentally Disabled	4
Drug Addiction	5
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	4
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	7
Infectious Disease w/ Isolation	1
Other Restrictions	2
No Restrictions	2

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	33
Blood Disorders	2
Nervous System Non Alzheimer	16
Alzheimer Disease	83
Mental Illness	59
Developmental Disability	18
Circulatory System	86
Respiratory System	44
Digestive System	28
Genitourinary System Disorders	15
Skin Disorders	7
Musculo-skeletal Disorders	61
Injuries and Poisonings	22
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	510

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	655	608	551	593	495	160	330	610
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	671	624	567	609	510	161	330	626

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	466
Total Admissions 2007	685
Total Discharges 2007	641
Residents on 12/31/2007	510

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	18,226	15.1%	104,268	46.8%	48,246	170,740	71.4%	76.9%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,730	98.1%	0	5,730	98.1%	98.1%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	18,226	15.1%	109,998	48.1%	48,246	176,470	72.1%	77.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	9	0	0	5	4	0	0	11	13	24
45 to 59	31	17	0	0	2	4	0	0	33	21	54
60 to 64	10	9	0	0	0	0	0	0	10	9	19
65 to 74	22	33	0	0	0	0	0	0	22	33	55
75 to 84	42	84	0	0	0	0	0	0	42	84	126
85+	45	187	0	0	0	0	0	0	45	187	232
TOTALS	156	339	0	0	7	8	0	0	163	347	510

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	55	294	35	2	109	0	495
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	55	309	35	2	109	0	510

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	126
Skilled Under 22	0	0
Intermediate DD	105	105
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	489	0	15	0	504
Race Unknown	0	0	0	0	0
Total	495	0	15	0	510

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	494	0	15	0	509
Ethnicity Unknown	0	0	0	0	0
Total	495	0	15	0	510

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.19
Physicians	0.00
Director of Nursing	6.00
Registered Nurses	19.14
LPN's	54.00
Certified Aides	179.59
Other Health Staff	34.80
Non-Health Staff	130.54
Totals	431.26

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
29.4%	45.5%	0.0%	0.2%	24.9%	100.0%		0.0%
5,557,610	8,600,249	7,053	44,287	4,711,606	18,920,806	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Morgan/Scott
State of Illinois	
TOTAL FACILITIES	12
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	12
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	6
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	6
FOR PROFIT OWNERSHIP	5

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	11
Chronic Alcoholism	8
Developmentally Disabled	4
Drug Addiction	10
Medicaid Recipient	0
Medicare Recipient	5
Mental Illness	2
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	11
Infectious Disease w/ Isolation	6
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	49
Blood Disorders	6
Nervous System Non Alzheimer	12
Alzheimer Disease	83
Mental Illness	80
Developmental Disability	69
Circulatory System	87
Respiratory System	19
Digestive System	6
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	44
Injuries and Poisonings	6
Other Medical Conditions	57
Non-Medical Conditions	0
TOTALS	526

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	654	654	522	654	453	201	288	662
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	64	64	64	64	63	1		64
Sheltered Care	24	24	10	24	10	14		
TOTAL BEDS	742	742	596	742	526	216	288	726

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	508
Total Admissions 2007	304
Total Discharges 2007	286
Residents on 12/31/2007	526

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14,575	13.9%	111,586	46.2%	42,609	168,770	70.7%	70.7%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			22,969	98.3%	0	22,969	98.3%	98.3%
Sheltered Care					2,849	2,849	32.5%	32.5%
TOTALS	14,575	13.9%	134,555	50.8%	45,458	194,588	71.8%	71.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	11	2	0	0	24	8	0	0	35	10	45
45 to 59	35	31	0	0	19	4	0	0	54	35	89
60 to 64	2	28	0	0	1	0	0	0	3	28	31
65 to 74	29	28	0	0	1	0	0	0	33	28	61
75 to 84	34	82	0	0	1	1	0	2	35	85	120
85+	28	143	0	0	0	1	2	6	30	150	180
TOTALS	139	314	0	0	49	14	2	8	190	336	526

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	45	292	0	6	110	0	453
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		63	0	0	0	0	63
Sheltered Care			0	0	10	0	10
TOTALS	45	355	0	6	120	0	526

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	141	122
Skilled Under 22	0	0
Intermediate DD	210	155
Shelter	100	80

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	27	0	6	0	33
Hawaiian/Pac. Isl.	0	0	0	0	0
White	426	0	57	10	493
Race Unknown	0	0	0	0	0
Total	453	0	63	10	526

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	5	0	5
Non-Hispanic	383	0	58	10	451
Ethnicity Unknown	70	0	0	0	70
Total	453	0	63	10	526

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.25
Physicians	0.00
Director of Nursing	16.00
Registered Nurses	14.50
LPN's	69.10
Certified Aides	214.60
Other Health Staff	31.71
Non-Health Staff	161.45
Totals	515.61

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
20.0%	54.7%	0.6%	0.0%	24.7%	100.0%		0.0%
4,660,662	12,754,445	140,734	0	5,751,327	23,307,170	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Sangamon
State of Illinois	
TOTAL FACILITIES	18
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	17
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	8
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	6
MULTI-LICENSED FACILITIES	4
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	11
FOR PROFIT OWNERSHIP	7

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	15
Chronic Alcoholism	12
Developmentally Disabled	10
Drug Addiction	15
Medicaid Recipient	4
Medicare Recipient	10
Mental Illness	5
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	4
Under 65 Years Old	1
Unable to Self-Medicate	0
Ventilator Dependent	17
Infectious Disease w/ Isolation	6
Other Restrictions	2
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	24
Endocrine/Metabolic	123
Blood Disorders	11
Nervous System Non Alzheimer	67
Alzheimer Disease	78
Mental Illness	87
Developmental Disability	176
Circulatory System	248
Respiratory System	82
Digestive System	31
Genitourinary System Disorders	36
Skin Disorders	27
Musculo-skeletal Disorders	132
Injuries and Poisonings	21
Other Medical Conditions	150
Non-Medical Conditions	0
TOTALS	1,293

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1,319	1,157	1,100	1,152	1,011	308	778	1019
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	179	178	177	178	175	4		179
Sheltered Care	138	135	117	131	107	31		
TOTAL BEDS	1,636	1,470	1,394	1,461	1,293	343	778	1198

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	1,263
Total Admissions 2007	3,245
Total Discharges 2007	3,215
Residents on 12/31/2007	1,293

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	60,647	21.4%	177,646	47.8%	131,364	369,657	76.8%	87.5%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			62,170	95.2%	1,364	63,534	97.2%	97.8%
Sheltered Care					40,815	40,815	81.0%	82.8%
TOTALS	60,647	21.4%	239,816	54.8%	173,543	474,006	79.4%	88.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	8	0	0	31	20	0	0	37	28	65
45 to 59	28	23	0	0	83	18	0	1	111	42	153
60 to 64	20	34	0	0	9	2	0	0	29	36	65
65 to 74	42	78	0	0	1	2	0	1	51	81	132
75 to 84	81	182	0	0	1	0	6	19	88	201	289
85+	116	393	0	0	0	0	9	71	125	464	589
TOTALS	293	718	0	0	133	42	15	92	441	852	1,293

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 003
LTC PLANNING AREA Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	169	470	0	22	350	0	1,011
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		156	16	0	3	0	175
Sheltered Care			0	0	107	0	107
TOTALS	169	626	16	22	460	0	1,293

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	177
Skilled Under 22	0	0
Intermediate DD	125	119
Shelter	116	112

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	1	0	3
Amer. Indian	0	0	0	0	0
Black	99	0	14	0	113
Hawaiian/Pac. Isl.	1	0	0	0	1
White	886	0	160	107	1,153
Race Unknown	23	0	0	0	23
Total	1,011	0	175	107	1,293

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	1	0	2
Non-Hispanic	1,009	0	174	107	1,290
Ethnicity Unknown	1	0	0	0	1
Total	1,011	0	175	107	1,293

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	14.50
Physicians	0.00
Director of Nursing	13.00
Registered Nurses	64.20
LPN's	161.92
Certified Aides	491.10
Other Health Staff	69.00
Non-Health Staff	420.70
Totals	1234.42

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
28.9%	34.6%	0.4%	1.3%	34.9%	100.0%		0.4%
18,632,975	22,313,055	258,801	828,524	22,531,780	64,565,140	241,236	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Champaign
State of Illinois	
TOTAL FACILITIES	11
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	11
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	7
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	4
FOR PROFIT OWNERSHIP	6

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	8
Chronic Alcoholism	7
Developmentally Disabled	4
Drug Addiction	7
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	4
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	10
Infectious Disease w/ Isolation	2
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	27
Endocrine/Metabolic	33
Blood Disorders	10
Nervous System Non Alzheimer	74
Alzheimer Disease	129
Mental Illness	37
Developmental Disability	148
Circulatory System	167
Respiratory System	44
Digestive System	28
Genitourinary System Disorders	26
Skin Disorders	7
Musculo-skeletal Disorders	99
Injuries and Poisonings	20
Other Medical Conditions	87
Non-Medical Conditions	0
TOTALS	936

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1,018	972	836	972	770	248	833	734
Skilled Under 22	123	123	115	123	115	8		123
Intermediate DD	32	32	32	32	31	1		32
Sheltered Care	40	40	30	30	20	20		
TOTAL BEDS	1,213	1,167	1,013	1,157	936	277	833	889

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	954
Total Admissions 2007	1,705
Total Discharges 2007	1,723
Residents on 12/31/2007	936

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	35,592	11.7%	144,184	53.8%	106,965	286,741	77.2%	80.8%
Skilled Under 22			37,075	82.6%	365	37,440	83.4%	83.4%
Intermediate DD			11,475	98.2%	0	11,475	98.2%	98.2%
Sheltered Care					9,212	9,212	63.1%	63.1%
TOTALS	35,592	11.7%	192,734	59.4%	116,542	344,868	77.9%	81.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	18	9	0	0	0	0	18	9	27
18 to 44	6	2	39	31	9	7	0	0	54	40	94
45 to 59	17	16	5	4	7	4	0	0	29	24	53
60 to 64	17	13	1	2	1	1	0	0	19	16	35
65 to 74	30	60	3	2	0	1	0	0	33	63	96
75 to 84	77	164	0	0	0	1	1	1	78	166	244
85+	68	300	0	1	0	0	5	13	73	314	387
TOTALS	215	555	66	49	17	14	6	14	304	632	936

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 004
LTC PLANNING AREA Champaign

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	95	372	0	20	281	2	770
Skilled Under 22	0	114	0	0	1	0	115
ICF/DD		31	0	0	0	0	31
Sheltered Care			0	0	20	0	20
TOTALS	95	517	0	20	302	2	936

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	144
Skilled Under 22	0	164
Intermediate DD	129	129
Shelter	165	135

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	7	5	1	0	13
Amer. Indian	0	0	0	0	0
Black	77	21	4	0	102
Hawaiian/Pac. Isl.	0	0	0	0	0
White	684	89	26	20	819
Race Unknown	2	0	0	0	2
Total	770	115	31	20	936

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	3	1	0	5
Non-Hispanic	768	112	30	20	930
Ethnicity Unknown	1	0	0	0	1
Total	770	115	31	20	936

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	11.50
Physicians	0.00
Director of Nursing	9.00
Registered Nurses	70.50
LPN's	62.00
Certified Aides	359.00
Other Health Staff	79.00
Non-Health Staff	316.00
Totals	907.00

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
22.9%	39.9%	3.9%	3.3%	30.0%	100.0%		0.1%
15,491,150	26,954,678	2,651,648	2,260,757	20,279,110	67,637,345	79,039	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	3
Blood Disorders	0
Nervous System Non Alzheimer	11
Alzheimer Disease	44
Mental Illness	5
Developmental Disability	1
Circulatory System	55
Respiratory System	14
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	5
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	204

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	273	260	225	260	204	69	152	270
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	273	260	225	260	204	69	152	270

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	199
Total Admissions 2007	325
Total Discharges 2007	320
Residents on 12/31/2007	204

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5,584	10.1%	40,615	41.2%	28,520	74,719	75.0%	78.7%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	5,584	10.1%	40,615	41.2%	28,520	74,719	75.0%	78.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	27	47	0	0	0	0	0	0	27	47	74
85+	20	81	0	0	0	0	0	0	20	81	101
TOTALS	59	145	0	0	0	0	0	0	59	145	204

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 004
LTC PLANNING AREA Clark

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	100	1	0	76	0	204
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	100	1	0	76	0	204

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	203	0	0	0	203
Race Unknown	0	0	0	0	0
Total	204	0	0	0	204

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	204	0	0	0	204
Ethnicity Unknown	0	0	0	0	0
Total	204	0	0	0	204

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	16.00
LPN's	28.00
Certified Aides	86.00
Other Health Staff	5.00
Non-Health Staff	81.00
Totals	222.00

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
20.2%	40.9%	2.3%	0.7%	35.8%	100.0%		0.0%
1,944,666	3,933,846	225,658	69,790	3,441,786	9,615,746	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Coles/Cumberland
State of Illinois	
TOTAL FACILITIES	12
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	11
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	9
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	3
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	3
FOR PROFIT OWNERSHIP	9

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	7
Chronic Alcoholism	5
Developmentally Disabled	3
Drug Addiction	5
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	3
Non-Ambulatory	2
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	1
Unable to Self-Medicate	0
Ventilator Dependent	9
Infectious Disease w/ Isolation	4
Other Restrictions	0
No Restrictions	3

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	15
Endocrine/Metabolic	42
Blood Disorders	2
Nervous System Non Alzheimer	31
Alzheimer Disease	117
Mental Illness	111
Developmental Disability	54
Circulatory System	94
Respiratory System	62
Digestive System	5
Genitourinary System Disorders	16
Skin Disorders	3
Musculo-skeletal Disorders	25
Injuries and Poisonings	19
Other Medical Conditions	78
Non-Medical Conditions	0
TOTALS	674

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	954	819	685	672	627	327	754	931
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	47	47	47	47	47	0		47
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	1,001	866	732	719	674	327	754	978

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	650
Total Admissions 2007	1,092
Total Discharges 2007	1,068
Residents on 12/31/2007	674

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	29,726	10.8%	144,517	42.5%	52,787	227,030	65.2%	75.9%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			16,911	98.6%	0	16,911	98.6%	98.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	29,726	10.8%	161,428	45.2%	52,787	243,941	66.8%	77.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	10	0	0	11	7	0	0	18	17	35
45 to 59	35	31	0	0	11	6	0	0	46	37	83
60 to 64	10	13	0	0	3	3	0	0	13	16	29
65 to 74	36	43	0	0	0	4	0	0	37	47	84
75 to 84	52	114	0	0	0	1	0	0	52	115	167
85+	53	223	0	0	0	0	0	0	53	223	276
TOTALS	193	434	0	0	26	21	0	0	219	455	674

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	83	388	0	5	151	0	627
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	83	435	0	5	151	0	674

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	179	161
Skilled Under 22	0	0
Intermediate DD	128	128
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	18	0	2	0	20
Hawaiian/Pac. Isl.	0	0	0	0	0
White	607	0	45	0	652
Race Unknown	0	0	0	0	0
Total	627	0	47	0	674

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	627	0	47	0	674
Ethnicity Unknown	0	0	0	0	0
Total	627	0	47	0	674

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.25
Physicians	0.00
Director of Nursing	9.00
Registered Nurses	41.19
LPN's	83.80
Certified Aides	288.20
Other Health Staff	5.10
Non-Health Staff	201.50
Totals	637.04

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
25.9%	50.9%	1.5%	0.2%	21.5%	100.0%		0.0%
8,117,995	15,934,407	469,891	62,496	6,721,670	31,306,464	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	11
Blood Disorders	4
Nervous System Non Alzheimer	14
Alzheimer Disease	21
Mental Illness	1
Developmental Disability	17
Circulatory System	27
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	16
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	161

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	190	190	163	190	145	45	134	185
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	206	206	179	206	161	45	134	201

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	158
Total Admissions 2007	162
Total Discharges 2007	159
Residents on 12/31/2007	161

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5,085	10.4%	25,174	37.3%	22,418	52,677	76.0%	76.0%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,780	99.0%	0	5,780	99.0%	99.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	5,085	10.4%	30,954	42.2%	22,418	58,457	77.7%	77.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	2	4	0	0	3	4	7
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	1	1	0	0	3	1	0	0	4	2	6
65 to 74	4	11	0	0	0	1	0	0	6	12	18
75 to 84	7	30	0	0	0	0	0	0	7	30	37
85+	22	68	0	0	0	0	0	0	22	68	90
TOTALS	35	110	0	0	8	8	0	0	43	118	161

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 004
LTC PLANNING AREA DeWitt

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	68	0	0	60	0	145
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	17	84	0	0	60	0	161

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	162	124
Skilled Under 22	0	0
Intermediate DD	0	113
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	145	0	14	0	159
Race Unknown	0	0	0	0	0
Total	145	0	16	0	161

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	145	0	16	0	161
Ethnicity Unknown	0	0	0	0	0
Total	145	0	16	0	161

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.25
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	9.50
LPN's	16.00
Certified Aides	70.75
Other Health Staff	4.00
Non-Health Staff	51.00
Totals	156.50

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
21.7%	33.4%	0.0%	0.2%	44.7%	100.0%		2.0%
1,917,076	2,956,889	0	19,656	3,953,932	8,847,554	173,590	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	3

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
Nervous System Non Alzheimer	8
Alzheimer Disease	22
Mental Illness	43
Developmental Disability	21
Circulatory System	26
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	7
Other Medical Conditions	66
Non-Medical Conditions	0
TOTALS	212

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	233	223	212	223	196	37	110	233
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	249	239	228	239	212	37	110	249

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	211
Total Admissions 2007	249
Total Discharges 2007	248
Residents on 12/31/2007	212

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4,419	11.0%	49,445	58.1%	18,351	72,215	84.9%	88.7%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,840	100.0%	0	5,840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	4,419	11.0%	55,285	60.8%	18,351	78,055	85.9%	89.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	0	0	0	4	2	0	0	8	2	10
45 to 59	14	14	0	0	1	2	0	0	15	16	31
60 to 64	7	7	0	0	3	0	0	0	10	7	17
65 to 74	10	16	0	0	0	3	0	0	10	19	29
75 to 84	14	35	0	0	0	1	0	0	14	36	50
85+	17	58	0	0	0	0	0	0	17	58	75
TOTALS	66	130	0	0	8	8	0	0	74	138	212

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	134	2	0	48	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	150	2	0	48	0	212

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	117
Skilled Under 22	0	0
Intermediate DD	131	131
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	SklUnd22	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	8.33
LPN's	20.00
Certified Aides	77.00
Other Health Staff	5.00
Non-Health Staff	63.00
Totals	179.58

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
20.3%	54.8%	1.9%	0.2%	22.8%	100.0%		0.0%
1,735,274	4,690,978	160,861	18,900	1,950,713	8,556,726	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Edgar
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	5
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	3
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	7
Blood Disorders	9
Nervous System Non Alzheimer	13
Alzheimer Disease	41
Mental Illness	9
Developmental Disability	32
Circulatory System	69
Respiratory System	19
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	4
Musculo-skeletal Disorders	15
Injuries and Poisonings	19
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	268

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	299	283	250	283	237	62	255	299
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	32	32	31	32	31	1		32
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	331	315	281	315	268	63	255	331

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	254
Total Admissions 2007	292
Total Discharges 2007	278
Residents on 12/31/2007	268

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10,089	10.8%	47,548	43.6%	23,780	81,417	74.6%	78.8%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			11,105	95.1%	0	11,105	95.1%	95.1%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	10,089	10.8%	58,653	48.5%	23,780	92,522	76.6%	80.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	12	7	0	0	12	7	19
45 to 59	4	4	0	0	5	4	0	0	9	8	17
60 to 64	4	8	0	0	1	1	0	0	5	9	14
65 to 74	11	17	0	0	0	0	0	0	11	17	28
75 to 84	17	58	0	0	0	1	0	0	17	59	76
85+	20	94	0	0	0	0	0	0	20	94	114
TOTALS	56	181	0	0	18	13	0	0	74	194	268

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 004
LTC PLANNING AREA Edgar

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	148	2	3	63	0	237
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	21	179	2	3	63	0	268

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	142	125
Skilled Under 22	0	0
Intermediate DD	0	106
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	237	0	31	0	268
Race Unknown	0	0	0	0	0
Total	237	0	31	0	268

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	237	0	31	0	268
Ethnicity Unknown	0	0	0	0	0
Total	237	0	31	0	268

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.50
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	16.00
LPN's	40.00
Certified Aides	110.25
Other Health Staff	1.30
Non-Health Staff	128.85
Totals	302.90

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
28.1%	43.6%	0.2%	1.3%	26.8%	100.0%		0.0%
3,629,322	5,634,788	32,253	166,714	3,464,800	12,927,879	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Ford
State of Illinois	
TOTAL FACILITIES	7
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	6
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	7
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	3
FOR PROFIT OWNERSHIP	4

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	19
Blood Disorders	5
Nervous System Non Alzheimer	23
Alzheimer Disease	60
Mental Illness	27
Developmental Disability	0
Circulatory System	64
Respiratory System	41
Digestive System	12
Genitourinary System Disorders	8
Skin Disorders	6
Musculo-skeletal Disorders	49
Injuries and Poisonings	17
Other Medical Conditions	39
Non-Medical Conditions	0
TOTALS	376

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	417	407	400	406	376	41	362	278
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	417	407	400	406	376	41	362	278

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	381
Total Admissions 2007	574
Total Discharges 2007	579
Residents on 12/31/2007	376

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15,580	11.8%	58,521	57.7%	62,747	136,848	89.9%	92.1%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	15,580	11.8%	58,521	57.7%	62,747	136,848	89.9%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	5	9	0	0	0	0	0	0	5	9	14
60 to 64	2	6	0	0	0	0	0	0	2	6	8
65 to 74	15	19	0	0	0	0	0	0	15	19	34
75 to 84	40	77	0	0	0	0	0	0	40	77	117
85+	36	164	0	0	0	0	0	0	36	164	200
TOTALS	100	276	0	0	0	0	0	0	100	276	376

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	49	160	1	8	158	0	376
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	49	160	1	8	158	0	376

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	142	131
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	373	0	0	0	373
Race Unknown	0	0	0	0	0
Total	376	0	0	0	376

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	376	0	0	0	376
Ethnicity Unknown	0	0	0	0	0
Total	376	0	0	0	376

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	33.00
LPN's	37.00
Certified Aides	137.00
Other Health Staff	35.00
Non-Health Staff	130.00
Totals	387.00

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
30.6%	26.7%	0.0%	10.4%	32.3%	100.0%		2.7%
6,343,399	5,527,136	7,517	2,154,269	6,688,487	20,720,808	559,678	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Iroquois
State of Illinois	
TOTAL FACILITIES	8
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	8
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	7
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	3
FOR PROFIT OWNERSHIP	5

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	10
Blood Disorders	1
Nervous System Non Alzheimer	23
Alzheimer Disease	98
Mental Illness	16
Developmental Disability	23
Circulatory System	93
Respiratory System	38
Digestive System	3
Genitourinary System Disorders	12
Skin Disorders	4
Musculo-skeletal Disorders	29
Injuries and Poisonings	2
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	376

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	564	499	402	499	360	204	190	453
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	580	515	418	515	376	204	190	469

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	379
Total Admissions 2007	400
Total Discharges 2007	403
Residents on 12/31/2007	376

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14,816	21.4%	63,331	38.3%	53,214	131,361	63.8%	72.1%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,820	99.7%	0	5,820	99.7%	99.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	14,816	21.4%	69,151	40.4%	53,214	137,181	64.8%	73.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	4	0	0	4	3	0	0	7	7	14
45 to 59	12	7	0	0	3	5	0	0	15	12	27
60 to 64	3	10	0	0	0	0	0	0	3	10	13
65 to 74	16	26	0	0	0	0	0	0	17	26	43
75 to 84	37	75	0	0	0	0	0	0	37	75	112
85+	37	130	0	0	0	0	0	0	37	130	167
TOTALS	108	252	0	0	8	8	0	0	116	260	376

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	173	1	0	144	0	360
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	189	1	0	144	0	376

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	132
Skilled Under 22	0	0
Intermediate DD	119	119
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	358	0	16	0	374
Race Unknown	0	0	0	0	0
Total	360	0	16	0	376

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	358	0	16	0	374
Ethnicity Unknown	0	0	0	0	0
Total	360	0	16	0	376

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.25
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	24.25
LPN's	56.00
Certified Aides	150.06
Other Health Staff	8.00
Non-Health Staff	144.00
Totals	396.56

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
37.1%	21.9%	2.5%	19.8%	18.7%	100.0%		0.7%
21,370,333	12,580,907	1,439,210	11,369,695	10,768,917	57,529,062	419,398	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Livingston
State of Illinois	
TOTAL FACILITIES	7
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	7
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	3
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	5
Chronic Alcoholism	5
Developmentally Disabled	4
Drug Addiction	6
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	3
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	6
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	14
Endocrine/Metabolic	30
Blood Disorders	3
Nervous System Non Alzheimer	32
Alzheimer Disease	45
Mental Illness	11
Developmental Disability	2
Circulatory System	125
Respiratory System	24
Digestive System	12
Genitourinary System Disorders	19
Skin Disorders	5
Musculo-skeletal Disorders	83
Injuries and Poisonings	20
Other Medical Conditions	45
Non-Medical Conditions	0
TOTALS	470

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	541	537	478	527	395	146	170	488
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	173	92	81	88	75	98		
TOTAL BEDS	714	629	559	615	470	244	170	488

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	501
Total Admissions 2007	551
Total Discharges 2007	582
Residents on 12/31/2007	470

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	16,711	26.9%	73,689	41.4%	66,086	156,486	79.2%	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					26,652	26,652	42.2%	79.4%
TOTALS	16,711	26.9%	73,689	41.4%	92,738	183,138	70.3%	79.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	7	5	0	0	0	0	0	0	7	5	12
60 to 64	3	4	0	0	0	0	0	1	3	5	8
65 to 74	22	21	0	0	0	0	0	4	22	25	47
75 to 84	31	70	0	0	0	0	4	14	35	84	119
85+	37	195	0	0	0	0	10	42	47	237	284
TOTALS	100	295	0	0	0	0	14	61	114	356	470

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	41	191	0	3	161	0	396
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	74	0	74
TOTALS	41	191	0	3	235	0	470

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	82	60

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	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	395	0	0	74	469
Race Unknown	0	0	0	0	0
Total	396	0	0	74	470

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	396	0	0	74	470
Ethnicity Unknown	0	0	0	0	0
Total	396	0	0	74	470

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.00
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	24.13
LPN's	45.50
Certified Aides	172.45
Other Health Staff	14.56
Non-Health Staff	207.63
Totals	478.27

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
21.8%	35.3%	0.0%	2.0%	41.0%	100.0%		1.4%
5,808,362	9,412,357	0	522,045	10,945,830	26,688,594	367,861	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	004
LTC PLANNING AREA	McLean
State of Illinois	
TOTAL FACILITIES	11
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	10
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	10
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	8

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	6
Chronic Alcoholism	7
Developmentally Disabled	4
Drug Addiction	8
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	5
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	1
Under 65 Years Old	1
Unable to Self-Medicate	0
Ventilator Dependent	7
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	16
Endocrine/Metabolic	52
Blood Disorders	5
Nervous System Non Alzheimer	56
Alzheimer Disease	181
Mental Illness	57
Developmental Disability	4
Circulatory System	173
Respiratory System	63
Digestive System	23
Genitourinary System Disorders	22
Skin Disorders	5
Musculo-skeletal Disorders	52
Injuries and Poisonings	85
Other Medical Conditions	91
Non-Medical Conditions	5
TOTALS	890

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1,112	1,076	998	1,050	887	225	703	942
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	29	6	3	6	3	26		
TOTAL BEDS	1,141	1,082	1,001	1,056	890	251	703	942

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	901
Total Admissions 2007	1,694
Total Discharges 2007	1,705
Residents on 12/31/2007	890

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	37,179	14.5%	166,420	48.4%	126,350	329,949	81.3%	84.0%
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					546	546	5.2%	24.9%
TOTALS	37,179	14.5%	166,420	48.4%	126,896	330,495	79.4%	83.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	1	0	0	0	0	0	0	6	1	7
45 to 59	10	15	0	0	0	0	0	0	10	15	25
60 to 64	15	7	0	0	0	0	0	0	15	7	22
65 to 74	46	49	0	0	0	0	0	0	46	49	95
75 to 84	77	206	0	0	0	0	0	1	77	207	284
85+	103	352	0	0	0	0	1	1	104	353	457
TOTALS	257	630	0	0	0	0	1	2	258	632	890

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 004
LTC PLANNING AREA McLean

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	92	437	0	51	306	1	887
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	92	437	0	51	309	1	890

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	168
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	108	98

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	23	0	0	0	23
Hawaiian/Pac. Isl.	0	0	0	0	0
White	864	0	0	3	867
Race Unknown	0	0	0	0	0
Total	887	0	0	3	890

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	887	0	0	3	890
Ethnicity Unknown	0	0	0	0	0
Total	887	0	0	3	890

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.25
Physicians	0.05
Director of Nursing	10.50
Registered Nurses	58.20
LPN's	104.60
Certified Aides	387.00
Other Health Staff	111.40
Non-Health Staff	302.00
Totals	984.00

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
28.0%	33.7%	0.1%	2.9%	35.2%	100.0%		0.0%
14,206,629	17,063,560	40,874	1,492,438	17,854,734	50,658,239	14,868	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Macon
State of Illinois	
TOTAL FACILITIES	20
HOSPITAL BASED UNITS	2
FREE STANDING FACILITIES	18
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	11
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	8
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	5
FOR PROFIT OWNERSHIP	15

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	8
Chronic Alcoholism	10
Developmentally Disabled	6
Drug Addiction	12
Medicaid Recipient	2
Medicare Recipient	3
Mental Illness	3
Non-Ambulatory	6
Non-Mobile	7
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	6
Ventilator Dependent	19
Infectious Disease w/ Isolation	8
Other Restrictions	3
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	30
Endocrine/Metabolic	55
Blood Disorders	11
Nervous System Non Alzheimer	91
Alzheimer Disease	84
Mental Illness	146
Developmental Disability	100
Circulatory System	233
Respiratory System	58
Digestive System	22
Genitourinary System Disorders	28
Skin Disorders	10
Musculo-skeletal Disorders	128
Injuries and Poisonings	10
Other Medical Conditions	157
Non-Medical Conditions	0
TOTALS	1,163

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1,286	1,228	1,145	1,195	1,065	221	886	1037
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	95	95	94	95	94	1		95
Sheltered Care	26	12	7	12	4	22		
TOTAL BEDS	1,407	1,335	1,246	1,302	1,163	244	886	1132

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	1,155
Total Admissions 2007	2,434
Total Discharges 2007	2,426
Residents on 12/31/2007	1,163

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	67,675	20.9%	222,092	58.7%	87,536	377,303	80.4%	84.2%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			33,173	95.7%	554	33,727	97.3%	97.3%
Sheltered Care					2,175	2,175	22.9%	49.7%
TOTALS	67,675	20.9%	255,265	61.8%	90,265	413,205	80.5%	84.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	22	10	0	0	21	18	0	0	43	28	71
45 to 59	42	41	0	0	20	18	0	0	62	59	121
60 to 64	19	21	0	0	6	2	0	0	25	23	48
65 to 74	35	79	0	0	3	2	0	1	39	82	121
75 to 84	98	207	0	0	3	0	0	5	101	212	313
85+	89	389	0	0	0	0	0	11	89	400	489
TOTALS	305	747	0	0	54	40	0	17	359	804	1,163

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	180	587	4	8	286	0	1,065
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		93	0	0	1	0	94
Sheltered Care			0	0	4	0	4
TOTALS	180	680	4	8	291	0	1,163

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	134
Skilled Under 22	0	0
Intermediate DD	180	136
Shelter	100	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	99	0	7	0	106
Hawaiian/Pac. Isl.	0	0	0	0	0
White	961	0	87	4	1,052
Race Unknown	4	0	0	0	4
Total	1,065	0	94	4	1,163

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	916	0	94	4	1,014
Ethnicity Unknown	148	0	0	0	148
Total	1,065	0	94	4	1,163

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	16.31
Physicians	0.50
Director of Nursing	11.00
Registered Nurses	59.37
LPN's	158.75
Certified Aides	400.86
Other Health Staff	106.25
Non-Health Staff	335.62
Totals	1088.66

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
31.4%	42.1%	2.4%	1.4%	22.7%	100.0%		0.0%
18,041,046	24,195,599	1,354,829	802,873	13,009,706	57,404,056	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	43
Blood Disorders	2
Nervous System Non Alzheimer	30
Alzheimer Disease	64
Mental Illness	32
Developmental Disability	40
Circulatory System	57
Respiratory System	32
Digestive System	6
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	20
Injuries and Poisonings	3
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	346

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	377	342	330	342	298	79	264	327
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	32	32	32	32	31	1		16
Sheltered Care	48	48	22	48	17	31		
TOTAL BEDS	457	422	384	422	346	111	264	343

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	348
Total Admissions 2007	284
Total Discharges 2007	286
Residents on 12/31/2007	346

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10,838	11.2%	54,743	45.9%	45,818	111,399	81.0%	89.2%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			10,800	184.9%	207	11,007	94.2%	94.2%
Sheltered Care					7,085	7,085	40.4%	40.4%
TOTALS	10,838	11.2%	65,543	52.4%	53,110	129,491	77.6%	84.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	3	0	0	9	7	0	0	9	10	19
45 to 59	5	9	0	0	2	8	2	0	9	17	26
60 to 64	2	6	0	0	2	1	0	0	4	7	11
65 to 74	10	16	0	0	1	1	0	1	10	18	28
75 to 84	34	55	0	0	1	0	1	4	36	59	95
85+	33	125	0	0	0	0	2	7	35	132	167
TOTALS	84	214	0	0	14	17	5	12	103	243	346

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 004
LTC PLANNING AREA Moultrie

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	155	0	2	96	26	298
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		31	0	0	0	0	31
Sheltered Care			0	0	5	12	17
TOTALS	19	186	0	2	101	38	346

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	144	120
Skilled Under 22	0	0
Intermediate DD	118	123
Shelter	105	94

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	2	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	295	0	29	17	341
Race Unknown	0	0	0	0	0
Total	298	0	31	17	346

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	297	0	15	17	329
Ethnicity Unknown	0	0	16	0	16
Total	298	0	31	17	346

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.50
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	13.32
LPN's	39.34
Certified Aides	113.45
Other Health Staff	16.09
Non-Health Staff	141.41
Totals	332.11

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
21.9%	40.1%	0.0%	2.3%	35.7%	100.0%		0.0%
3,496,369	6,388,720	0	360,636	5,684,981	15,930,708	305	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	3
Nervous System Non Alzheimer	19
Alzheimer Disease	27
Mental Illness	13
Developmental Disability	22
Circulatory System	41
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	6
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	165

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	160	160	154	160	150	10	108	160
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	176	176	170	176	165	11	108	176

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	163
Total Admissions 2007	118
Total Discharges 2007	116
Residents on 12/31/2007	165

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2,511	6.4%	28,450	48.7%	22,495	53,456	91.5%	91.5%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,718	97.9%	0	5,718	97.9%	97.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	2,511	6.4%	34,168	53.2%	22,495	59,174	92.1%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	2	5	0	0	3	5	8
45 to 59	0	2	0	0	5	2	0	0	5	4	9
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	4	5	0	0	0	1	0	0	4	6	10
75 to 84	19	43	0	0	0	0	0	0	19	43	62
85+	16	55	0	0	0	0	0	0	16	55	71
TOTALS	42	108	0	0	7	8	0	0	49	116	165

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 004
LTC PLANNING AREA Piatt

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	72	0	0	66	0	150
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	12	87	0	0	66	0	165

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	134
Skilled Under 22	0	0
Intermediate DD	121	121
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	150	0	14	0	164
Race Unknown	0	0	0	0	0
Total	150	0	15	0	165

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	150	0	15	0	165
Ethnicity Unknown	0	0	0	0	0
Total	150	0	15	0	165

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.25
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	13.25
LPN's	11.00
Certified Aides	54.42
Other Health Staff	6.00
Non-Health Staff	67.00
Totals	155.92

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
13.1%	46.6%	1.1%	0.0%	39.2%	100.0%		0.4%
997,902	3,562,191	81,131	0	2,997,930	7,639,154	27,942	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Shelby
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	5
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	4
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	4

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	12
Blood Disorders	4
Nervous System Non Alzheimer	6
Alzheimer Disease	24
Mental Illness	12
Developmental Disability	16
Circulatory System	50
Respiratory System	14
Digestive System	5
Genitourinary System Disorders	11
Skin Disorders	2
Musculo-skeletal Disorders	19
Injuries and Poisonings	7
Other Medical Conditions	19
Non-Medical Conditions	3
TOTALS	207

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	284	259	208	259	191	93	142	255
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	300	275	224	275	207	93	142	271

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	199
Total Admissions 2007	233
Total Discharges 2007	225
Residents on 12/31/2007	207

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7,125	13.7%	35,131	37.7%	25,063	67,319	64.9%	71.2%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,840	100.0%	0	5,840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	7,125	13.7%	40,971	41.4%	25,063	73,159	66.8%	72.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	2	3	0	0	3	3	6
45 to 59	1	3	0	0	2	4	0	0	3	7	10
60 to 64	1	5	0	0	1	0	0	0	2	5	7
65 to 74	7	5	0	0	2	1	0	0	7	6	13
75 to 84	22	37	0	0	2	1	0	0	24	38	62
85+	27	82	0	0	0	0	0	0	27	82	109
TOTALS	59	132	0	0	7	9	0	0	66	141	207

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	23	98	0	0	70	0	191
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	23	114	0	0	70	0	207

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	115
Skilled Under 22	0	0
Intermediate DD	130	130
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	187	0	16	0	203
Race Unknown	0	0	0	0	0
Total	191	0	16	0	207

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	191	0	15	0	206
Ethnicity Unknown	0	0	0	0	0
Total	191	0	16	0	207

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	6.00
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	9.85
LPN's	23.25
Certified Aides	82.83
Other Health Staff	26.00
Non-Health Staff	59.00
Totals	210.93

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
13.9%	67.5%	0.5%	0.1%	17.9%	100.0%		0.5%
2,837,251	13,736,751	100,750	18,852	3,647,774	20,341,379	95,396	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	004
LTC PLANNING AREA	Vermilion
State of Illinois	
TOTAL FACILITIES	7
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	7
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	3
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	17
Endocrine/Metabolic	27
Blood Disorders	8
Nervous System Non Alzheimer	53
Alzheimer Disease	145
Mental Illness	44
Developmental Disability	20
Circulatory System	145
Respiratory System	43
Digestive System	2
Genitourinary System Disorders	11
Skin Disorders	1
Musculo-skeletal Disorders	50
Injuries and Poisonings	9
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	603

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	767	664	592	557	519	248	486	739
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	76	76	72	76	68	8		
TOTAL BEDS	859	756	680	649	603	256	486	755

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	644
Total Admissions 2007	1,028
Total Discharges 2007	1,069
Residents on 12/31/2007	603

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	27,682	15.6%	121,184	44.9%	49,840	198,706	71.0%	82.0%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,637	96.5%	0	5,637	96.5%	96.5%
Sheltered Care					25,550	25,550	92.1%	92.1%
TOTALS	27,682	15.6%	126,821	46.0%	75,390	229,893	73.3%	83.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	1	5	0	0	2	6	8
45 to 59	9	9	0	0	3	5	0	0	12	14	26
60 to 64	3	5	0	0	1	0	0	0	4	5	9
65 to 74	21	37	0	0	0	0	3	3	25	40	65
75 to 84	51	137	0	0	0	0	1	17	52	154	206
85+	57	188	0	0	0	0	4	40	61	228	289
TOTALS	142	377	0	0	6	10	8	60	156	447	603

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 004
LTC PLANNING AREA Vermilion

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	60	337	2	1	119	0	519
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		16	0	0	0	0	16
Sheltered Care			0	0	68	0	68
TOTALS	60	353	2	1	187	0	603

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	128
Skilled Under 22	0	0
Intermediate DD	0	110
Shelter	100	110

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	48	0	4	0	52
Hawaiian/Pac. Isl.	0	0	0	0	0
White	470	0	12	68	550
Race Unknown	1	0	0	0	1
Total	519	0	16	68	603

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	517	0	16	68	601
Ethnicity Unknown	1	0	0	0	1
Total	519	0	16	68	603

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	6.25
Physicians	0.00
Director of Nursing	6.00
Registered Nurses	39.00
LPN's	50.00
Certified Aides	206.70
Other Health Staff	31.87
Non-Health Staff	146.50
Totals	486.32

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
29.3%	40.5%	0.4%	0.7%	29.1%	100.0%		0.2%
9,460,755	13,067,091	143,376	223,477	9,400,175	32,294,875	49,168	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Alexander/Pulaski
State of Illinois	
TOTAL FACILITIES	2
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	2
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	1
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	1

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	3
Blood Disorders	4
Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	11
Developmental Disability	16
Circulatory System	17
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	78

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	83	83	73	83	62	21	83	83
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	89	99	78	21	83	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	83
Total Admissions 2007	65
Total Discharges 2007	70
Residents on 12/31/2007	78

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2,476	8.2%	17,856	58.9%	4,141	24,473	80.8%	80.8%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,693	97.5%	0	5,693	97.5%	97.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	2,476	8.2%	23,549	65.2%	4,141	30,166	83.5%	83.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	2	5	0	0	2	6	8
45 to 59	0	2	0	0	4	3	0	0	4	5	9
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	5	2	0	0	0	0	0	0	6	2	8
75 to 84	4	17	0	0	0	0	0	0	4	17	21
85+	4	27	0	0	0	0	0	0	4	27	31
TOTALS	13	49	0	0	8	8	0	0	21	57	78

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 005
LTC PLANNING AREA Alexander/Pulaski

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	43	0	2	7	0	62
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	59	0	2	7	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	110
Skilled Under 22	0	0
Intermediate DD	98	98
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	30	0	9	0	39
Hawaiian/Pac. Isl.	0	0	0	0	0
White	32	0	7	0	39
Race Unknown	0	0	0	0	0
Total	62	0	16	0	78

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	16	0	78
Ethnicity Unknown	0	0	0	0	0
Total	62	0	16	0	78

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.10
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	4.10
LPN's	7.00
Certified Aides	43.00
Other Health Staff	8.00
Non-Health Staff	35.00
Totals	102.20

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
31.7%	57.8%	3.9%	1.5%	5.1%	100.0%		1.4%
604,572	1,101,524	73,723	27,953	97,538	1,905,310	27,285	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Bond
State of Illinois	
TOTAL FACILITIES	3
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	3
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	2
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	1

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	1
Nervous System Non Alzheimer	4
Alzheimer Disease	29
Mental Illness	9
Developmental Disability	18
Circulatory System	34
Respiratory System	6
Digestive System	7
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	12
Injuries and Poisonings	7
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	152

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	198	198	184	172	136	62	44	198
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	214	214	200	188	152	62	44	214

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	165
Total Admissions 2007	153
Total Discharges 2007	166
Residents on 12/31/2007	152

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5,281	32.9%	31,513	43.6%	16,851	53,645	74.2%	74.2%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,840	100.0%	0	5,840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	5,281	32.9%	37,353	47.8%	16,851	59,485	76.2%	76.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	3	0	0	6	3	9
45 to 59	3	1	0	0	3	3	0	0	6	4	10
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	5	7	0	0	0	0	0	0	6	7	13
75 to 84	20	34	0	0	0	0	0	0	20	34	54
85+	9	50	0	0	0	0	0	0	9	50	59
TOTALS	40	96	0	0	10	6	0	0	50	102	152

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 005
LTC PLANNING AREA Bond

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	76	0	0	43	0	136
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	17	92	0	0	43	0	152

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	132	0	16	0	148
Race Unknown	0	0	0	0	0
Total	136	0	16	0	152

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	136	0	16	0	152
Ethnicity Unknown	0	0	0	0	0
Total	136	0	16	0	152

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.25
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	9.64
LPN's	15.81
Certified Aides	55.33
Other Health Staff	11.91
Non-Health Staff	16.00
Totals	112.94

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
25.8%	44.9%	0.7%	1.5%	27.1%	100.0%		0.0%
1,840,970	3,202,969	47,229	106,800	1,933,611	7,131,579	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Clay
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	5
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	2
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	3
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	15
Blood Disorders	1
Nervous System Non Alzheimer	19
Alzheimer Disease	10
Mental Illness	1
Developmental Disability	72
Circulatory System	28
Respiratory System	14
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	2
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	208

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	209	209	158	209	136	73	88	209
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	75	75	75	75	72	3		91
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	284	284	233	284	208	76	88	300

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	207
Total Admissions 2007	191
Total Discharges 2007	190
Residents on 12/31/2007	208

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7,963	24.8%	36,512	47.9%	7,426	51,901	68.0%	68.0%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			26,478	79.7%	0	26,478	96.7%	96.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	7,963	24.8%	62,990	57.5%	7,426	78,379	75.6%	75.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	0	0	14	5	0	0	17	6	23
45 to 59	8	7	0	0	17	15	0	0	25	22	47
60 to 64	4	4	0	0	6	4	0	0	10	8	18
65 to 74	2	14	0	0	1	4	0	0	5	18	23
75 to 84	15	24	0	0	1	3	0	0	16	27	43
85+	8	46	0	0	0	0	0	0	8	46	54
TOTALS	40	96	0	0	41	31	0	0	81	127	208

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 005
LTC PLANNING AREA Clay

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	99	0	0	17	0	136
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		72	0	0	0	0	72
Sheltered Care			0	0	0	0	0
TOTALS	20	171	0	0	17	0	208

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	106
Skilled Under 22	0	0
Intermediate DD	118	110
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	8	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	135	0	64	0	199
Race Unknown	0	0	0	0	0
Total	136	0	72	0	208

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	136	0	72	0	208
Ethnicity Unknown	0	0	0	0	0
Total	136	0	72	0	208

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	22.00
LPN's	18.00
Certified Aides	86.00
Other Health Staff	21.00
Non-Health Staff	57.00
Totals	211.00

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
30.7%	57.7%	3.5%	0.0%	8.1%	100.0%		0.0%
2,942,067	5,523,638	335,600	0	770,761	9,572,066	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Crawford
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	4
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	4
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	4

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	26
Blood Disorders	9
Nervous System Non Alzheimer	9
Alzheimer Disease	28
Mental Illness	4
Developmental Disability	18
Circulatory System	44
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	183

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	225	217	176	217	167	58	18	197
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	241	233	192	233	183	58	18	213

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	166
Total Admissions 2007	201
Total Discharges 2007	184
Residents on 12/31/2007	183

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5,638	85.8%	29,066	40.4%	23,046	57,750	70.3%	72.9%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,768	98.8%	0	5,768	98.8%	98.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	5,638	85.8%	34,834	44.8%	23,046	63,518	72.2%	74.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	4	0	0	5	4	9
45 to 59	4	0	0	0	2	3	0	0	6	3	9
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	2	12	0	0	0	1	0	0	3	13	16
75 to 84	20	48	0	0	0	0	0	0	20	48	68
85+	21	58	0	0	0	0	0	0	21	58	79
TOTALS	47	120	0	0	8	8	0	0	55	128	183

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 005
LTC PLANNING AREA Crawford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	80	0	2	66	0	167
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	19	95	0	2	67	0	183

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	114	105
Skilled Under 22	0	0
Intermediate DD	0	114
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	167	0	12	0	179
Race Unknown	0	0	0	0	0
Total	167	0	16	0	183

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	123	0	15	0	138
Ethnicity Unknown	44	0	0	0	44
Total	167	0	16	0	183

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.25
Physicians	0.00
Director of Nursing	3.90
Registered Nurses	11.45
LPN's	11.50
Certified Aides	81.50
Other Health Staff	3.50
Non-Health Staff	72.00
Totals	189.10

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
26.8%	40.3%	4.4%	0.0%	28.5%	100.0%		0.0%
1,800,089	2,712,647	297,368	0	1,916,727	6,726,833	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Edwards/Wabash
State of Illinois	
TOTAL FACILITIES	3
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	3
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	2
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	1

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	8
Blood Disorders	0
Nervous System Non Alzheimer	7
Alzheimer Disease	9
Mental Illness	36
Developmental Disability	16
Circulatory System	15
Respiratory System	15
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	12
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	131

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	139	127	125	127	116	23	0	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	155	143	140	143	131	24	0	65

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	128
Total Admissions 2007	81
Total Discharges 2007	78
Residents on 12/31/2007	131

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3,356	0.0%	21,837	122.1%	16,197	41,390	81.6%	89.3%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			4,994	85.5%	0	4,994	85.5%	85.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	3,356	0.0%	26,831	113.1%	16,197	46,384	82.0%	88.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	3	0	0	3	3	6
45 to 59	1	0	0	0	1	3	0	0	2	3	5
60 to 64	1	1	0	0	0	1	0	0	1	2	3
65 to 74	2	4	0	0	1	2	0	0	3	6	9
75 to 84	5	20	0	0	1	0	0	0	6	20	26
85+	9	73	0	0	0	0	0	0	9	73	82
TOTALS	18	98	0	0	6	9	0	0	24	107	131

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 005
LTC PLANNING AREA Edwards/Wabash

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	62	0	0	45	0	116
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	9	77	0	0	45	0	131

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	109
Skilled Under 22	0	0
Intermediate DD	0	105
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	116	0	14	0	130
Race Unknown	0	0	0	0	0
Total	116	0	15	0	131

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	116	0	15	0	131
Ethnicity Unknown	0	0	0	0	0
Total	116	0	15	0	131

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	13.50
LPN's	15.00
Certified Aides	62.00
Other Health Staff	3.00
Non-Health Staff	55.00
Totals	153.50

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
18.6%	41.4%	2.7%	0.0%	37.3%	100.0%		0.8%
1,144,245	2,546,119	166,864	0	2,298,941	6,156,170	50,000	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Effingham
State of Illinois	
TOTAL FACILITIES	8
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	7
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	3
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	6
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	5
Chronic Alcoholism	4
Developmentally Disabled	2
Drug Addiction	5
Medicaid Recipient	1
Medicare Recipient	2
Mental Illness	2
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	6
Infectious Disease w/ Isolation	3
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	15
Blood Disorders	7
Nervous System Non Alzheimer	12
Alzheimer Disease	49
Mental Illness	32
Developmental Disability	50
Circulatory System	94
Respiratory System	24
Digestive System	9
Genitourinary System Disorders	11
Skin Disorders	6
Musculo-skeletal Disorders	26
Injuries and Poisonings	19
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	366

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	432	398	352	373	319	113	386	419
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	48	48	48	48	47	1		48
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	480	446	400	421	366	114	386	467

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	357
Total Admissions 2007	928
Total Discharges 2007	919
Residents on 12/31/2007	366

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	19,966	14.2%	56,655	37.0%	41,418	118,039	74.9%	81.3%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			16,753	95.6%	0	16,753	95.6%	95.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	19,966	14.2%	73,408	43.1%	41,418	134,792	76.9%	82.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	1	0	0	0	1	0	1
18 to 44	0	0	0	0	12	13	0	0	12	13	25
45 to 59	5	10	0	0	12	3	0	0	17	13	30
60 to 64	0	5	0	0	2	1	0	0	2	6	8
65 to 74	14	23	0	0	1	1	0	0	15	24	39
75 to 84	29	81	0	0	1	0	0	0	30	81	111
85+	32	120	0	0	0	0	0	0	32	120	152
TOTALS	80	239	0	0	29	18	0	0	109	257	366

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 005
LTC PLANNING AREA Effingham

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	46	153	0	1	119	0	319
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		45	0	0	2	0	47
Sheltered Care			0	0	0	0	0
TOTALS	46	198	0	1	121	0	366

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	136
Skilled Under 22	0	0
Intermediate DD	109	106
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	318	0	47	0	365
Race Unknown	0	0	0	0	0
Total	319	0	47	0	366

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	210	0	47	0	257
Ethnicity Unknown	109	0	0	0	109
Total	319	0	47	0	366

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	6.83
Physicians	0.00
Director of Nursing	5.00
Registered Nurses	27.00
LPN's	40.33
Certified Aides	127.50
Other Health Staff	18.83
Non-Health Staff	112.99
Totals	338.48

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
35.1%	35.2%	0.0%	0.3%	29.4%	100.0%		0.4%
6,072,393	6,096,615	1,900	48,129	5,077,584	17,296,621	61,966	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Fayette
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	4
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	4
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	4

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	32
Blood Disorders	2
Nervous System Non Alzheimer	5
Alzheimer Disease	38
Mental Illness	42
Developmental Disability	17
Circulatory System	62
Respiratory System	22
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	230

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	340	310	247	310	215	125	186	315
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	356	326	263	326	230	126	186	331

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	234
Total Admissions 2007	533
Total Discharges 2007	537
Residents on 12/31/2007	230

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7,511	11.1%	53,238	46.3%	17,694	78,443	63.2%	69.3%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,646	96.7%	0	5,646	96.7%	96.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	7,511	11.1%	58,884	48.7%	17,694	84,089	64.7%	70.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	6	0	0	2	3	0	0	9	9	18
45 to 59	16	10	0	0	4	1	0	0	20	11	31
60 to 64	10	9	0	0	1	0	0	0	11	9	20
65 to 74	11	15	0	0	0	2	0	0	11	17	28
75 to 84	19	34	0	0	0	2	0	0	19	36	55
85+	21	57	0	0	0	0	0	0	21	57	78
TOTALS	84	131	0	0	7	8	0	0	91	139	230

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	28	139	0	0	48	0	215
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	28	154	0	0	48	0	230

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	129	114
Skilled Under 22	0	0
Intermediate DD	130	130
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	2	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	210	0	13	0	223
Race Unknown	0	0	0	0	0
Total	215	0	15	0	230

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	214	0	15	0	229
Ethnicity Unknown	0	0	0	0	0
Total	215	0	15	0	230

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	6.00
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	12.55
LPN's	32.40
Certified Aides	111.63
Other Health Staff	8.35
Non-Health Staff	39.25
Totals	214.18

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
26.5%	61.4%	0.7%	0.0%	11.5%	100.0%		0.0%
1,849,021	4,288,344	47,900	0	800,785	6,986,051	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Franklin
State of Illinois	
TOTAL FACILITIES	7
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	6
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	6

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	37
Blood Disorders	5
Nervous System Non Alzheimer	12
Alzheimer Disease	82
Mental Illness	18
Developmental Disability	63
Circulatory System	51
Respiratory System	19
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	25
Injuries and Poisonings	3
Other Medical Conditions	27
Non-Medical Conditions	2
TOTALS	363

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	400	371	328	365	302	98	104	386
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	65	65	61	65	61	4		65
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	465	436	389	430	363	102	104	451

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	363
Total Admissions 2007	452
Total Discharges 2007	452
Residents on 12/31/2007	363

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13,255	34.9%	71,000	50.4%	24,110	108,365	74.2%	80.0%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			21,724	91.6%	201	21,925	92.4%	92.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	13,255	34.9%	92,724	56.3%	24,311	130,290	76.8%	81.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	7	3	0	0	7	5	12
45 to 59	10	6	0	0	21	13	0	0	31	19	50
60 to 64	7	6	0	0	5	4	0	0	12	10	22
65 to 74	15	16	0	0	0	3	0	0	18	19	37
75 to 84	29	81	0	0	0	1	0	0	29	82	111
85+	22	108	0	0	0	1	0	0	22	109	131
TOTALS	83	219	0	0	36	25	0	0	119	244	363

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HEALTH SERVICE AREA 005
LTC PLANNING AREA Franklin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	198	0	0	69	0	302
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		58	0	0	3	0	61
Sheltered Care			0	0	0	0	0
TOTALS	35	256	0	0	72	0	363

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	114	89
Skilled Under 22	0	0
Intermediate DD	117	109
Shelter	180	90

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	4	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	301	0	57	0	358
Race Unknown	0	0	0	0	0
Total	302	0	61	0	363

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	302	0	59	0	361
Ethnicity Unknown	0	0	0	0	0
Total	302	0	61	0	363

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	3.00
Director of Nursing	6.00
Registered Nurses	18.00
LPN's	39.00
Certified Aides	144.00
Other Health Staff	27.00
Non-Health Staff	109.00
Totals	354.00

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
19.3%	66.8%	2.8%	0.2%	10.8%	100.0%		0.0%
2,398,254	8,286,722	348,165	29,854	1,335,061	12,398,056	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	in/Hamilton/Saline
State of Illinois	
TOTAL FACILITIES	13
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	12
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	8
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	5
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	12

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	2
Chronic Alcoholism	2
Developmentally Disabled	4
Drug Addiction	4
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	2
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	8
Infectious Disease w/ Isolation	4
Other Restrictions	0
No Restrictions	3

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	29
Blood Disorders	10
Nervous System Non Alzheimer	44
Alzheimer Disease	100
Mental Illness	88
Developmental Disability	106
Circulatory System	113
Respiratory System	19
Digestive System	9
Genitourinary System Disorders	15
Skin Disorders	1
Musculo-skeletal Disorders	41
Injuries and Poisonings	13
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	604

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	681	674	579	661	511	170	250	691
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	99	99	99	83	93	6		99
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	780	773	678	744	604	176	250	790

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	646
Total Admissions 2007	463
Total Discharges 2007	505
Residents on 12/31/2007	604

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12,665	13.9%	131,758	52.2%	49,386	193,809	78.0%	78.8%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			34,729	96.1%	0	34,729	96.1%	96.1%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	12,665	13.9%	166,487	57.7%	49,386	228,538	80.3%	81.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	22	16	0	0	24	16	40
45 to 59	7	18	0	0	14	14	0	0	21	32	53
60 to 64	7	11	0	0	10	4	0	0	17	15	32
65 to 74	24	40	0	0	1	4	0	0	30	44	74
75 to 84	43	113	0	0	1	2	0	0	44	115	159
85+	41	205	0	0	0	0	0	0	41	205	246
TOTALS	124	387	0	0	53	40	0	0	177	427	604

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	342	0	2	137	0	511
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		93	0	0	0	0	93
Sheltered Care			0	0	0	0	0
TOTALS	30	435	0	2	137	0	604

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	99	86
Skilled Under 22	0	0
Intermediate DD	127	125
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	2	0	2
Black	15	0	12	0	27
Hawaiian/Pac. Isl.	0	0	0	0	0
White	496	0	79	0	575
Race Unknown	0	0	0	0	0
Total	511	0	93	0	604

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	511	0	90	0	601
Ethnicity Unknown	0	0	0	0	0
Total	511	0	93	0	604

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	11.50
Physicians	0.00
Director of Nursing	9.00
Registered Nurses	24.40
LPN's	68.00
Certified Aides	217.25
Other Health Staff	16.75
Non-Health Staff	228.00
Totals	574.90

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
15.9%	61.6%	5.9%	0.7%	15.9%	100.0%		0.0%
3,105,269	12,045,663	1,161,853	128,464	3,114,791	19,556,041	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Hardin/Pope
State of Illinois	
TOTAL FACILITIES	3
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	3
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	2
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	0
Nervous System Non Alzheimer	4
Alzheimer Disease	29
Mental Illness	0
Developmental Disability	13
Circulatory System	16
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	86

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	109	109	87	109	73	36	62	132
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	125	125	101	125	86	39	62	148

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	99
Total Admissions 2007	65
Total Discharges 2007	78
Residents on 12/31/2007	86

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4,589	20.3%	16,828	34.9%	5,783	27,200	68.4%	68.4%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			4,870	83.4%	0	4,870	83.4%	83.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	4,589	20.3%	21,698	40.2%	5,783	32,070	70.3%	70.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	1	0	0	0	2	2
45 to 59	0	1	0	0	3	2	0	0	3	3	6
60 to 64	2	1	0	0	1	1	0	0	3	2	5
65 to 74	4	4	0	0	0	0	0	0	8	4	12
75 to 84	8	18	0	0	0	1	0	0	8	19	27
85+	6	28	0	0	0	0	0	0	6	28	34
TOTALS	20	53	0	0	8	5	0	0	28	58	86

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 005
LTC PLANNING AREA Hardin/Pope

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	40	0	0	19	0	73
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	14	53	0	0	19	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	107	91
Skilled Under 22	0	0
Intermediate DD	115	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	72	0	13	0	85
Race Unknown	0	0	0	0	0
Total	73	0	13	0	86

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	73	0	13	0	86
Ethnicity Unknown	0	0	0	0	0
Total	73	0	13	0	86

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	6.00
LPN's	6.00
Certified Aides	24.00
Other Health Staff	15.00
Non-Health Staff	25.00
Totals	81.00

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
45.1%	42.6%	0.0%	0.0%	12.2%	100.0%		0.0%
2,130,522	2,012,866	0	0	576,530	4,719,918	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Jackson
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	5
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	0
Nervous System Non Alzheimer	18
Alzheimer Disease	34
Mental Illness	22
Developmental Disability	30
Circulatory System	24
Respiratory System	14
Digestive System	9
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	29
Injuries and Poisonings	4
Other Medical Conditions	71
Non-Medical Conditions	0
TOTALS	270

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	427	387	318	387	240	187	196	451
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	32	32	30	32	30	2		32
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	459	419	348	419	270	189	196	483

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	289
Total Admissions 2007	460
Total Discharges 2007	479
Residents on 12/31/2007	270

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13,801	19.3%	51,207	31.1%	26,239	91,247	58.5%	64.6%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			10,950	93.8%	0	10,950	93.8%	93.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	13,801	19.3%	62,157	35.3%	26,239	102,197	61.0%	66.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	12	8	0	0	14	8	22
45 to 59	7	6	0	0	4	4	0	0	11	10	21
60 to 64	2	1	0	0	1	0	0	0	3	1	4
65 to 74	10	24	0	0	1	0	0	0	10	24	34
75 to 84	26	50	0	0	1	0	0	0	27	50	77
85+	21	91	0	0	0	0	0	0	21	91	112
TOTALS	68	172	0	0	18	12	0	0	86	184	270

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 005
LTC PLANNING AREA Jackson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	134	0	4	68	0	240
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	34	164	0	4	68	0	270

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	101
Skilled Under 22	0	0
Intermediate DD	130	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	34	0	6	0	40
Hawaiian/Pac. Isl.	0	0	0	0	0
White	206	0	24	0	230
Race Unknown	0	0	0	0	0
Total	240	0	30	0	270

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	240	0	29	0	269
Ethnicity Unknown	0	0	0	0	0
Total	240	0	30	0	270

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.50
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	16.25
LPN's	32.00
Certified Aides	106.25
Other Health Staff	9.25
Non-Health Staff	93.50
Totals	263.75

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
31.1%	48.4%	2.8%	0.5%	17.2%	100.0%		0.0%
4,985,754	7,746,729	442,306	86,717	2,752,924	16,014,431	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Jasper
State of Illinois	
TOTAL FACILITIES	1
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	1
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	1
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	1

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	2
Developmental Disability	0
Circulatory System	10
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	51

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	92	92	53	92	51	41	16	92
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	92	92	53	92	51	41	16	92

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	48
Total Admissions 2007	44
Total Discharges 2007	41
Residents on 12/31/2007	51

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2,201	37.7%	10,080	30.0%	5,111	17,392	51.8%	51.8%
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	2,201	37.7%	10,080	30.0%	5,111	17,392	51.8%	51.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	8	14	0	0	0	0	0	0	8	14	22
85+	4	20	0	0	0	0	0	0	4	20	24
TOTALS	15	36	0	0	0	0	0	0	15	36	51

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 005
LTC PLANNING AREA Jasper

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	23	0	0	19	0	51
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	23	0	0	19	0	51

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	0	51

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	5.00
Certified Aides	13.00
Other Health Staff	2.00
Non-Health Staff	16.00
Totals	44.00

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
34.0%	44.2%	0.0%	21.8%	0.0%	100.0%		0.0%
694,270	901,418	0	445,192	0	2,040,880	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Jefferson
State of Illinois	
TOTAL FACILITIES	6
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	6
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	4
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	6

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	23
Blood Disorders	2
Nervous System Non Alzheimer	17
Alzheimer Disease	101
Mental Illness	8
Developmental Disability	38
Circulatory System	61
Respiratory System	26
Digestive System	13
Genitourinary System Disorders	18
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	18
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	337

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	346	335	328	260	305	41	97	346
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	32	32	32	32	32	0		32
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	378	367	360	292	337	41	97	378

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	318
Total Admissions 2007	690
Total Discharges 2007	671
Residents on 12/31/2007	337

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17,362	49.0%	70,639	55.9%	21,467	109,468	86.7%	89.5%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			11,555	98.9%	0	11,555	98.9%	98.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	17,362	49.0%	82,194	59.6%	21,467	121,023	87.7%	90.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	8	6	0	0	9	6	15
45 to 59	5	6	0	0	6	3	0	0	11	9	20
60 to 64	3	3	0	0	1	2	0	0	4	5	9
65 to 74	13	29	0	0	1	5	0	0	13	34	47
75 to 84	20	71	0	0	1	0	0	0	21	71	92
85+	32	122	0	0	0	0	0	0	32	122	154
TOTALS	74	231	0	0	16	16	0	0	90	247	337

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	52	197	0	2	54	0	305
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	52	229	0	2	54	0	337

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	139	120
Skilled Under 22	0	0
Intermediate DD	108	108
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	3	0	0	0	3
Black	5	0	5	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	297	0	27	0	324
Race Unknown	0	0	0	0	0
Total	305	0	32	0	337

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	305	0	32	0	337
Ethnicity Unknown	0	0	0	0	0
Total	305	0	32	0	337

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.50
Physicians	0.00
Director of Nursing	4.25
Registered Nurses	19.60
LPN's	44.70
Certified Aides	154.90
Other Health Staff	13.30
Non-Health Staff	90.30
Totals	331.55

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
26.8%	63.4%	0.0%	0.0%	9.7%	100.0%		0.0%
7,241,025	17,133,271	12,232	0	2,631,022	27,017,550	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Johnson/Massac
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	5
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	5

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	14
Blood Disorders	2
Nervous System Non Alzheimer	17
Alzheimer Disease	54
Mental Illness	19
Developmental Disability	31
Circulatory System	74
Respiratory System	13
Digestive System	9
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	11
Injuries and Poisonings	14
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	273

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	312	308	275	308	242	70	203	312
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	32	32	32	32	31	1		32
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	344	340	307	340	273	71	203	344

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	274
Total Admissions 2007	248
Total Discharges 2007	249
Residents on 12/31/2007	273

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11,232	15.2%	50,713	44.5%	25,700	87,645	77.0%	78.0%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			11,131	95.3%	0	11,131	95.3%	95.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	11,232	15.2%	61,844	49.3%	25,700	98,776	78.7%	79.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	3	4	0	0	5	5	10
45 to 59	5	4	0	0	3	5	0	0	8	9	17
60 to 64	5	2	0	0	2	1	0	0	7	3	10
65 to 74	19	15	0	0	1	5	0	0	25	20	45
75 to 84	23	62	0	0	1	0	0	0	24	62	86
85+	14	90	0	0	0	1	0	0	14	91	105
TOTALS	68	174	0	0	15	16	0	0	83	190	273

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	20	144	17	3	58	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	20	175	17	3	58	0	273

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	99	91
Skilled Under 22	0	0
Intermediate DD	115	105
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	7	0	2	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	234	0	29	0	263
Race Unknown	0	0	0	0	0
Total	242	0	31	0	273

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	242	0	31	0	273
Ethnicity Unknown	0	0	0	0	0
Total	242	0	31	0	273

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.10
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	11.00
LPN's	29.00
Certified Aides	99.50
Other Health Staff	25.00
Non-Health Staff	53.00
Totals	224.60

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
31.7%	43.8%	3.4%	6.6%	14.5%	100.0%		0.0%
2,585,610	3,572,791	274,470	536,379	1,179,946	8,149,196	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Lawrence
State of Illinois	
TOTAL FACILITIES	4
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	4
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	2
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	23
Blood Disorders	4
Nervous System Non Alzheimer	16
Alzheimer Disease	53
Mental Illness	14
Developmental Disability	15
Circulatory System	65
Respiratory System	20
Digestive System	6
Genitourinary System Disorders	12
Skin Disorders	1
Musculo-skeletal Disorders	18
Injuries and Poisonings	1
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	265

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	383	337	269	337	250	133	268	446
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	0	15	1		16
Sheltered Care	4	4	0	4	0	4		
TOTAL BEDS	403	357	285	341	265	138	268	462

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	270
Total Admissions 2007	444
Total Discharges 2007	449
Residents on 12/31/2007	265

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11,583	11.8%	48,992	30.1%	31,136	91,711	65.6%	74.6%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,636	96.5%	0	5,636	96.5%	96.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	11,583	11.8%	54,628	32.4%	31,136	97,347	66.2%	74.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	4	0	0	2	4	6
45 to 59	3	1	0	0	2	5	0	0	5	6	11
60 to 64	1	4	0	0	0	2	0	0	1	6	7
65 to 74	10	16	0	0	0	0	0	0	10	16	26
75 to 84	17	70	0	0	0	0	0	0	17	70	87
85+	23	105	0	0	0	0	0	0	23	105	128
TOTALS	54	196	0	0	4	11	0	0	58	207	265

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 005
LTC PLANNING AREA Lawrence

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	132	0	0	87	0	250
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	31	147	0	0	87	0	265

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	133	105
Skilled Under 22	0	0
Intermediate DD	103	102
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	249	0	15	0	264
Race Unknown	0	0	0	0	0
Total	250	0	15	0	265

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	250	0	15	0	265
Ethnicity Unknown	0	0	0	0	0
Total	250	0	15	0	265

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	29.00
LPN's	40.50
Certified Aides	115.00
Other Health Staff	14.00
Non-Health Staff	161.50
Totals	366.00

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
30.0%	32.7%	0.0%	3.9%	33.3%	100.0%		0.2%
3,867,530	4,214,694	0	505,481	4,283,374	12,871,079	24,369	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Marion
State of Illinois	
TOTAL FACILITIES	10
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	10
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	6
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	4
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	4
FOR PROFIT OWNERSHIP	6

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	45
Blood Disorders	15
Nervous System Non Alzheimer	39
Alzheimer Disease	90
Mental Illness	6
Developmental Disability	141
Circulatory System	112
Respiratory System	66
Digestive System	10
Genitourinary System Disorders	13
Skin Disorders	10
Musculo-skeletal Disorders	27
Injuries and Poisonings	15
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	630

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	605	603	550	603	491	114	343	585
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	141	141	141	141	139	2		141
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	746	744	691	744	630	116	343	726

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	649
Total Admissions 2007	1,107
Total Discharges 2007	1,126
Residents on 12/31/2007	630

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	34,388	27.5%	111,264	52.1%	35,398	181,050	82.0%	82.3%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			47,520	92.3%	0	47,520	92.3%	92.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	34,388	27.5%	158,784	59.9%	35,398	228,570	83.9%	84.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	3	0	0	21	15	0	0	27	18	45
45 to 59	6	9	0	0	38	32	0	0	44	41	85
60 to 64	5	8	0	0	8	4	0	0	13	12	25
65 to 74	23	44	0	0	2	7	0	0	32	51	83
75 to 84	43	89	0	0	2	2	0	0	45	91	136
85+	52	203	0	0	1	0	0	0	53	203	256
TOTALS	135	356	0	0	79	60	0	0	214	416	630

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	98	293	3	1	96	0	491
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		139	0	0	0	0	139
Sheltered Care			0	0	0	0	0
TOTALS	98	432	3	1	96	0	630

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	125
Skilled Under 22	0	0
Intermediate DD	117	134
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	19	0	31	0	50
Hawaiian/Pac. Isl.	0	0	0	0	0
White	472	0	107	0	579
Race Unknown	0	0	0	0	0
Total	491	0	139	0	630

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	491	0	138	0	629
Ethnicity Unknown	0	0	0	0	0
Total	491	0	139	0	630

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.25
Physicians	0.00
Director of Nursing	7.80
Registered Nurses	39.75
LPN's	86.50
Certified Aides	353.40
Other Health Staff	41.20
Non-Health Staff	204.20
Totals	741.10

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
31.7%	43.3%	5.8%	0.8%	18.4%	100.0%		0.1%
11,799,644	16,099,876	2,139,729	298,387	6,827,949	37,165,586	28,646	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Perry
State of Illinois	
TOTAL FACILITIES	4
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	3
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	4
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	11
Blood Disorders	2
Nervous System Non Alzheimer	7
Alzheimer Disease	64
Mental Illness	2
Developmental Disability	0
Circulatory System	54
Respiratory System	14
Digestive System	0
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	186

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	260	256	199	256	186	74	33	260
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	260	256	199	256	186	74	33	260

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	175
Total Admissions 2007	214
Total Discharges 2007	203
Residents on 12/31/2007	186

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3,339	27.7%	35,184	37.1%	24,142	62,665	66.0%	67.1%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	3,339	27.7%	35,184	37.1%	24,142	62,665	66.0%	67.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	3	14	0	0	0	0	0	0	3	14	17
75 to 84	10	43	0	0	0	0	0	0	10	43	53
85+	14	91	0	0	0	0	0	0	14	91	105
TOTALS	33	153	0	0	0	0	0	0	33	153	186

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 005
LTC PLANNING AREA Perry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	99	0	1	73	0	186
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	99	0	1	73	0	186

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	77	79
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	182	0	0	0	182
Race Unknown	0	0	0	0	0
Total	186	0	0	0	186

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	185	0	0	0	185
Ethnicity Unknown	0	0	0	0	0
Total	186	0	0	0	186

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	10.28
LPN's	23.91
Certified Aides	62.28
Other Health Staff	4.02
Non-Health Staff	46.56
Totals	154.05

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
17.8%	56.2%	0.0%	0.0%	26.0%	100.0%		0.0%
771,130	2,436,008	0	0	1,125,364	4,332,502	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Randolph
State of Illinois	
TOTAL FACILITIES	7
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	7
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	3
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	39
Blood Disorders	2
Nervous System Non Alzheimer	32
Alzheimer Disease	46
Mental Illness	14
Developmental Disability	32
Circulatory System	99
Respiratory System	41
Digestive System	9
Genitourinary System Disorders	13
Skin Disorders	2
Musculo-skeletal Disorders	22
Injuries and Poisonings	8
Other Medical Conditions	29
Non-Medical Conditions	0
TOTALS	397

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	492	456	408	456	365	127	170	492
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	32	32	32	32	32	0		32
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	524	488	440	488	397	127	170	524

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	399
Total Admissions 2007	364
Total Discharges 2007	366
Residents on 12/31/2007	397

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13,047	21.0%	70,103	39.0%	53,293	136,443	76.0%	82.0%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			10,663	91.3%	0	10,663	91.3%	91.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	13,047	21.0%	80,766	42.2%	53,293	147,106	76.9%	82.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	3	5	0	0	5	6	11
45 to 59	2	2	0	0	8	6	0	0	10	8	18
60 to 64	6	2	0	0	3	2	0	0	9	4	13
65 to 74	16	28	0	0	0	3	0	0	18	31	49
75 to 84	32	68	0	0	0	0	0	0	32	68	100
85+	43	163	0	0	0	0	0	0	43	163	206
TOTALS	101	264	0	0	16	16	0	0	117	280	397

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 005
LTC PLANNING AREA Randolph

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	181	0	0	150	0	365
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	34	213	0	0	150	0	397

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	121	101
Skilled Under 22	0	0
Intermediate DD	218	109
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	8	0	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	360	0	24	0	384
Race Unknown	0	0	0	0	0
Total	365	0	32	0	397

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	364	0	32	0	396
Ethnicity Unknown	0	0	0	0	0
Total	365	0	32	0	397

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.00
Physicians	0.00
Director of Nursing	6.00
Registered Nurses	11.85
LPN's	39.10
Certified Aides	131.43
Other Health Staff	32.00
Non-Health Staff	91.68
Totals	319.06

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
29.3%	41.3%	4.6%	0.2%	24.6%	100.0%		0.3%
5,622,898	7,918,823	872,782	44,833	4,706,012	19,165,348	66,222	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Richland
State of Illinois	
TOTAL FACILITIES	4
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	3
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	22
Blood Disorders	0
Nervous System Non Alzheimer	11
Alzheimer Disease	38
Mental Illness	8
Developmental Disability	20
Circulatory System	67
Respiratory System	27
Digestive System	11
Genitourinary System Disorders	9
Skin Disorders	2
Musculo-skeletal Disorders	14
Injuries and Poisonings	21
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	262

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	308	308	269	190	246	62	288	254
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	324	324	285	206	262	62	288	270

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	276
Total Admissions 2007	377
Total Discharges 2007	391
Residents on 12/31/2007	262

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10,912	10.4%	48,595	52.4%	32,131	91,638	81.5%	81.5%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,763	98.7%	0	5,763	98.7%	98.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	10,912	10.4%	54,358	55.2%	32,131	97,401	82.4%	82.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	4	3	0	0	4	5	9
45 to 59	5	7	0	0	2	2	0	0	7	9	16
60 to 64	4	2	0	0	1	3	0	0	5	5	10
65 to 74	18	18	0	0	0	0	0	0	19	18	37
75 to 84	19	47	0	0	0	0	0	0	19	47	66
85+	16	108	0	0	0	0	0	0	16	108	124
TOTALS	62	184	0	0	8	8	0	0	70	192	262

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	27	136	0	0	83	0	246
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	27	152	0	0	83	0	262

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	113	106
Skilled Under 22	0	0
Intermediate DD	130	107
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	245	0	15	0	260
Race Unknown	0	0	0	0	0
Total	246	0	16	0	262

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	246	0	16	0	262
Ethnicity Unknown	0	0	0	0	0
Total	246	0	16	0	262

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.50
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	31.75
LPN's	20.50
Certified Aides	109.35
Other Health Staff	4.50
Non-Health Staff	87.55
Totals	261.15

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
33.1%	40.7%	0.8%	0.0%	25.5%	100.0%		0.0%
3,737,569	4,597,992	85,632	0	2,877,783	11,298,978	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Union
State of Illinois	
TOTAL FACILITIES	12
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	12
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	7
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	9

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	2
Chronic Alcoholism	7
Developmentally Disabled	1
Drug Addiction	7
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	2
Non-Ambulatory	2
Non-Mobile	5
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	2
Ventilator Dependent	7
Infectious Disease w/ Isolation	6
Other Restrictions	0
No Restrictions	3

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	11
Blood Disorders	0
Nervous System Non Alzheimer	17
Alzheimer Disease	81
Mental Illness	43
Developmental Disability	165
Circulatory System	35
Respiratory System	14
Digestive System	0
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	412

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	293	292	277	292	248	45	99	231
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	175	175	171	175	164	11		175
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	468	467	448	467	412	56	99	406

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	435
Total Admissions 2007	213
Total Discharges 2007	236
Residents on 12/31/2007	412

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5,506	15.2%	54,358	64.5%	33,218	93,082	87.0%	87.3%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			61,257	95.9%	0	61,257	95.9%	95.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	5,506	15.2%	115,615	78.0%	33,218	154,339	90.4%	90.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	33	19	0	0	34	19	53
45 to 59	9	5	0	0	39	17	0	0	48	22	70
60 to 64	16	10	0	0	18	3	0	0	34	13	47
65 to 74	18	16	0	0	4	8	0	0	34	24	58
75 to 84	30	44	0	0	4	7	0	0	34	51	85
85+	36	63	0	0	0	0	0	0	36	63	99
TOTALS	110	138	0	0	110	54	0	0	220	192	412

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 005
LTC PLANNING AREA Union

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	140	8	2	85	0	248
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		164	0	0	0	0	164
Sheltered Care			0	0	0	0	0
TOTALS	13	304	8	2	85	0	412

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	99	85
Skilled Under 22	0	0
Intermediate DD	110	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	12	0	30	0	42
Hawaiian/Pac. Isl.	0	0	0	0	0
White	233	0	134	0	367
Race Unknown	2	0	0	0	2
Total	248	0	164	0	412

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	2	0	4
Non-Hispanic	245	0	162	0	407
Ethnicity Unknown	1	0	0	0	1
Total	248	0	164	0	412

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	11.00
Physicians	1.00
Director of Nursing	6.00
Registered Nurses	16.00
LPN's	38.00
Certified Aides	172.00
Other Health Staff	29.00
Non-Health Staff	121.00
Totals	394.00

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
11.5%	63.8%	12.0%	0.0%	12.8%	100.0%		0.0%
1,908,107	10,622,996	1,992,310	1,190	2,126,035	16,650,640	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Washington
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	4
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	2
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	3
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	1
Nervous System Non Alzheimer	8
Alzheimer Disease	22
Mental Illness	6
Developmental Disability	37
Circulatory System	37
Respiratory System	6
Digestive System	7
Genitourinary System Disorders	4
Skin Disorders	5
Musculo-skeletal Disorders	7
Injuries and Poisonings	10
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	170

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	263	263	140	263	133	130	37	230
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	48	48	37	48	37	11		32
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	311	311	177	311	170	141	37	262

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	156
Total Admissions 2007	179
Total Discharges 2007	165
Residents on 12/31/2007	170

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4,364	32.3%	21,847	26.0%	20,361	46,572	48.5%	48.5%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			11,559	99.0%	0	11,559	66.0%	66.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	4,364	32.3%	33,406	34.9%	20,361	58,131	51.2%	51.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	4	2	0	0	4	3	7
45 to 59	0	2	0	0	10	8	0	0	10	10	20
60 to 64	0	1	0	0	0	2	0	0	0	3	3
65 to 74	4	7	0	0	2	4	0	0	7	11	18
75 to 84	15	30	0	0	2	2	0	0	17	32	49
85+	19	54	0	0	0	0	0	0	19	54	73
TOTALS	38	95	0	0	19	18	0	0	57	113	170

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 005
LTC PLANNING AREA Washington

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	65	0	0	61	0	133
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		37	0	0	0	0	37
Sheltered Care			0	0	0	0	0
TOTALS	7	102	0	0	61	0	170

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	100
Skilled Under 22	0	0
Intermediate DD	188	116
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	9	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	131	0	28	0	159
Race Unknown	0	0	0	0	0
Total	133	0	37	0	170

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	133	0	36	0	169
Ethnicity Unknown	0	0	0	0	0
Total	133	0	37	0	170

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.50
LPN's	21.00
Certified Aides	72.00
Other Health Staff	8.00
Non-Health Staff	35.00
Totals	150.50

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
31.5%	50.0%	0.0%	0.0%	18.5%	100.0%		0.0%
2,137,697	3,389,592	0	0	1,253,983	6,781,272	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Wayne
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	4
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	3

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	23
Blood Disorders	17
Nervous System Non Alzheimer	9
Alzheimer Disease	5
Mental Illness	2
Developmental Disability	41
Circulatory System	24
Respiratory System	6
Digestive System	8
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	2
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	170

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	169	164	144	159	139	30	134	139
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	32	32	32	32	31	1		32
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	201	196	176	191	170	31	134	171

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	156
Total Admissions 2007	282
Total Discharges 2007	268
Residents on 12/31/2007	170

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6,518	13.3%	29,220	57.6%	9,985	45,723	74.1%	76.4%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			11,665	99.9%	0	11,665	99.9%	99.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	6,518	13.3%	40,885	65.5%	9,985	57,388	78.2%	80.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	6	0	0	5	6	11
45 to 59	3	3	0	0	2	8	0	0	5	11	16
60 to 64	0	3	0	0	3	0	0	0	3	3	6
65 to 74	7	8	0	0	1	2	0	0	9	10	19
75 to 84	12	26	0	0	1	1	0	0	13	27	40
85+	23	54	0	0	1	0	0	0	24	54	78
TOTALS	45	94	0	0	14	17	0	0	59	111	170

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 005
LTC PLANNING AREA Wayne

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	89	0	1	28	0	139
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	21	120	0	1	28	0	170

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	109
Skilled Under 22	0	0
Intermediate DD	116	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	139	0	31	0	170
Race Unknown	0	0	0	0	0
Total	139	0	31	0	170

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	139	0	30	0	169
Ethnicity Unknown	0	0	0	0	0
Total	139	0	31	0	170

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.50
Physicians	0.00
Director of Nursing	3.25
Registered Nurses	19.20
LPN's	13.00
Certified Aides	84.75
Other Health Staff	5.00
Non-Health Staff	35.50
Totals	164.20

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
22.3%	60.1%	0.0%	2.0%	15.7%	100.0%		0.0%
1,060,404	2,857,926	0	95,415	745,439	4,759,184	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	White
State of Illinois	
TOTAL FACILITIES	3
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	3
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	17
Blood Disorders	5
Nervous System Non Alzheimer	18
Alzheimer Disease	29
Mental Illness	14
Developmental Disability	1
Circulatory System	72
Respiratory System	11
Digestive System	6
Genitourinary System Disorders	3
Skin Disorders	4
Musculo-skeletal Disorders	31
Injuries and Poisonings	2
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	225

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	281	268	247	268	225	56	158	295
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	281	268	247	268	225	56	158	295

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	226
Total Admissions 2007	243
Total Discharges 2007	244
Residents on 12/31/2007	225

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8,113	14.1%	52,804	49.0%	23,708	84,625	82.5%	86.5%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	8,113	14.1%	52,804	49.0%	23,708	84,625	82.5%	86.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	6	0	0	0	0	0	0	0	6	0	6
65 to 74	11	20	0	0	0	0	0	0	11	20	31
75 to 84	15	49	0	0	0	0	0	0	15	49	64
85+	22	100	0	0	0	0	0	0	22	100	122
TOTALS	55	170	0	0	0	0	0	0	55	170	225

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 005
LTC PLANNING AREA White

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	141	0	1	57	0	225
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	141	0	1	57	0	225

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	99
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	225	0	0	0	225
Race Unknown	0	0	0	0	0
Total	225	0	0	0	225

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	225	0	0	0	225
Ethnicity Unknown	0	0	0	0	0
Total	225	0	0	0	225

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	20.00
LPN's	42.00
Certified Aides	119.00
Other Health Staff	4.00
Non-Health Staff	90.00
Totals	281.00

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
29.9%	41.8%	0.0%	0.6%	27.7%	100.0%		0.0%
2,947,873	4,113,994	0	57,400	2,726,001	9,845,270	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	005
LTC PLANNING AREA	Williamson
State of Illinois	
TOTAL FACILITIES	9
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	9
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	4
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	9

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	3
Chronic Alcoholism	2
Developmentally Disabled	2
Drug Addiction	2
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	2
Public Aid Recipient	2
Under 65 Years Old	1
Unable to Self-Medicate	2
Ventilator Dependent	7
Infectious Disease w/ Isolation	2
Other Restrictions	1
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	19
Blood Disorders	5
Nervous System Non Alzheimer	37
Alzheimer Disease	73
Mental Illness	64
Developmental Disability	71
Circulatory System	78
Respiratory System	24
Digestive System	9
Genitourinary System Disorders	15
Skin Disorders	2
Musculo-skeletal Disorders	34
Injuries and Poisonings	30
Other Medical Conditions	24
Non-Medical Conditions	1
TOTALS	495

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	548	548	462	548	443	105	274	512
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	111	64	54	64	52	59		111
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	659	612	516	612	495	164	274	623

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	505
Total Admissions 2007	705
Total Discharges 2007	715
Residents on 12/31/2007	495

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	26,642	26.6%	94,156	50.4%	39,883	160,681	80.3%	80.3%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			19,182	47.3%	220	19,402	47.9%	83.1%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	26,642	26.6%	113,338	49.8%	40,103	180,083	74.9%	80.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	3	0	0	8	5	0	0	13	8	21
45 to 59	11	14	0	0	11	11	0	0	22	25	47
60 to 64	4	7	0	0	3	6	0	0	7	13	20
65 to 74	30	35	0	0	2	2	0	0	33	37	70
75 to 84	31	88	0	0	2	1	0	0	33	89	122
85+	35	180	0	0	0	0	0	0	35	180	215
TOTALS	116	327	0	0	27	25	0	0	143	352	495

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 005
LTC PLANNING AREA Williamson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	69	271	0	2	101	0	443
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	69	323	0	2	101	0	495

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	108
Skilled Under 22	0	0
Intermediate DD	112	110
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	9	0	3	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	433	0	49	0	482
Race Unknown	0	0	0	0	0
Total	443	0	52	0	495

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	443	0	52	0	495
Ethnicity Unknown	0	0	0	0	0
Total	443	0	52	0	495

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	0.00
Director of Nursing	8.00
Registered Nurses	14.00
LPN's	53.00
Certified Aides	201.00
Other Health Staff	41.50
Non-Health Staff	135.00
Totals	460.50

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
36.5%	40.6%	1.0%	0.6%	21.3%	100.0%		0.1%
10,373,729	11,532,623	290,446	161,387	6,055,910	28,414,099	18,775	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	006
LTC PLANNING AREA	Planning Area 6-A
State of Illinois	
TOTAL FACILITIES	62
HOSPITAL BASED UNITS	3
FREE STANDING FACILITIES	59
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	42
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	14
MULTI-LICENSED FACILITIES	6
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	23
FOR PROFIT OWNERSHIP	38

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	39
Chronic Alcoholism	32
Developmentally Disabled	33
Drug Addiction	38
Medicaid Recipient	3
Medicare Recipient	1
Mental Illness	26
Non-Ambulatory	14
Non-Mobile	16
Public Aid Recipient	6
Under 65 Years Old	2
Unable to Self-Medicate	9
Ventilator Dependent	49
Infectious Disease w/ Isolation	19
Other Restrictions	8
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	220
Endocrine/Metabolic	629
Blood Disorders	130
Nervous System Non Alzheimer	405
Alzheimer Disease	395
Mental Illness	2,211
Developmental Disability	529
Circulatory System	863
Respiratory System	441
Digestive System	173
Genitourinary System Disorders	172
Skin Disorders	89
Musculo-skeletal Disorders	260
Injuries and Poisonings	67
Other Medical Conditions	251
Non-Medical Conditions	39
TOTALS	6,874

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	7,698	7,581	6,728	7,493	6,256	1,442	4053	7361
Skilled Under 22	150	150	150	150	88	62		150
Intermediate DD	373	373	373	373	373	0		373
Sheltered Care	277	211	167	211	157	120		
TOTAL BEDS	8,498	8,315	7,418	8,227	6,874	1,624	4053	7884

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6,840
Total Admissions 2007	12,662
Total Discharges 2007	12,628
Residents on 12/31/2007	6,874

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	236,362	16.0%	1,856,224	69.1%	194,828	2,287,414	81.4%	82.7%
Skilled Under 22			33,330	60.9%	762	34,092	62.3%	62.3%
Intermediate DD			128,671	94.5%	712	129,383	95.0%	95.0%
Sheltered Care					55,978	55,978	55.4%	72.7%
TOTALS	236,362	16.0%	2,018,225	70.1%	252,280	2,506,867	80.8%	82.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	20	16	0	0	0	0	20	16	36
18 to 44	521	214	31	13	117	176	0	0	669	403	1,072
45 to 59	1,160	566	4	4	24	56	0	0	1,188	626	1,814
60 to 64	344	213	0	0	0	0	0	0	344	213	557
65 to 74	553	476	0	0	0	0	1	2	554	478	1,032
75 to 84	444	663	0	0	0	0	11	34	455	697	1,152
85+	246	857	0	0	0	0	22	86	268	943	1,211
TOTALS	3,268	2,989	55	33	141	232	34	122	3,498	3,376	6,874

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	450	5,228	46	41	486	5	6,256
Skilled Under 22	0	88	0	0	0	0	88
ICF/DD		370	0	0	3	0	373
Sheltered Care			5	0	145	7	157
TOTALS	450	5,686	51	41	634	12	6,874

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	197	182
Skilled Under 22	0	188
Intermediate DD	206	200
Shelter	585	3097

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	328	1	4	0	333
Amer. Indian	19	0	0	0	19
Black	1,894	34	25	1	1,954
Hawaiian/Pac. Isl.	6	0	2	0	8
White	3,796	45	340	156	4,337
Race Unknown	213	8	2	0	223
Total	6,256	88	373	157	6,874

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	495	8	13	0	516
Non-Hispanic	5,547	80	359	157	6,143
Ethnicity Unknown	214	0	1	0	215
Total	6,256	88	373	157	6,874

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	64.00
Physicians	3.52
Director of Nursing	54.00
Registered Nurses	592.46
LPN's	426.40
Certified Aides	2054.73
Other Health Staff	506.78
Non-Health Staff	1782.93
Totals	5484.82

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
16.2%	70.0%	0.9%	1.2%	11.8%	100.0%		0.2%
55,513,220	239,766,917	2,982,568	3,956,858	40,292,285	342,511,864	587,279	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	006
LTC PLANNING AREA	Planning Area 6-B
State of Illinois	
TOTAL FACILITIES	27
HOSPITAL BASED UNITS	3
FREE STANDING FACILITIES	24
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	25
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	6
FOR PROFIT OWNERSHIP	21

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	13
Chronic Alcoholism	7
Developmentally Disabled	15
Drug Addiction	9
Medicaid Recipient	4
Medicare Recipient	1
Mental Illness	9
Non-Ambulatory	8
Non-Mobile	8
Public Aid Recipient	1
Under 65 Years Old	1
Unable to Self-Medicate	2
Ventilator Dependent	21
Infectious Disease w/ Isolation	8
Other Restrictions	5
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	84
Endocrine/Metabolic	308
Blood Disorders	54
Nervous System Non Alzheimer	183
Alzheimer Disease	241
Mental Illness	1,530
Developmental Disability	30
Circulatory System	433
Respiratory System	150
Digestive System	112
Genitourinary System Disorders	61
Skin Disorders	46
Musculo-skeletal Disorders	134
Injuries and Poisonings	54
Other Medical Conditions	203
Non-Medical Conditions	2
TOTALS	3,625

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	4,187	4,154	3,925	4,130	3,593	594	1718	3289
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	49	35	22	35	20	29		
TOTAL BEDS	4,248	4,201	3,959	4,177	3,625	623	1718	3301

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	3,678
Total Admissions 2007	6,645
Total Discharges 2007	6,698
Residents on 12/31/2007	3,625

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	116,671	18.6%	1,079,666	89.9%	88,834	1,285,171	84.1%	84.8%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			4,380	100.0%	0	4,380	100.0%	100.0%
Sheltered Care					7,464	7,464	41.7%	58.4%
TOTALS	116,671	18.6%	1,084,046	90.0%	96,298	1,297,015	83.7%	84.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	1	0	0	0	0	0	0	0	1	0	1
18 to 44	284	143	0	0	4	1	0	0	288	144	432
45 to 59	736	382	0	0	3	3	0	0	739	385	1,124
60 to 64	220	143	0	0	0	0	0	0	220	143	363
65 to 74	308	278	0	0	0	1	0	1	308	280	588
75 to 84	259	300	0	0	0	0	1	6	260	306	566
85+	119	420	0	0	0	0	7	5	126	425	551
TOTALS	1,927	1,666	0	0	7	5	8	12	1,942	1,683	3,625

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	406	2,923	19	34	210	1	3,593
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		12	0	0	0	0	12
Sheltered Care			0	0	20	0	20
TOTALS	406	2,935	19	34	230	1	3,625

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	192	183
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	105	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	36	0	0	0	36
Amer. Indian	2	0	0	0	2
Black	1,817	0	0	0	1,817
Hawaiian/Pac. Isl.	0	0	0	0	0
White	1,683	0	12	20	1,715
Race Unknown	55	0	0	0	55
Total	3,593	0	12	20	3,625

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	469	0	5	0	474
Non-Hispanic	3,098	0	7	20	3,125
Ethnicity Unknown	26	0	0	0	26
Total	3,593	0	12	20	3,625

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	28.30
Physicians	4.70
Director of Nursing	23.70
Registered Nurses	202.63
LPN's	269.43
Certified Aides	877.40
Other Health Staff	169.23
Non-Health Staff	817.83
Totals	2393.22

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
20.7%	68.0%	0.6%	1.4%	9.2%	100.0%		0.2%
35,754,907	117,328,641	1,056,440	2,456,867	15,916,303	172,513,161	372,943	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	006
LTC PLANNING AREA	Planning Area 6-C
State of Illinois	
TOTAL FACILITIES	30
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	30
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	23
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	6
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	9
FOR PROFIT OWNERSHIP	21

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	11
Chronic Alcoholism	13
Developmentally Disabled	14
Drug Addiction	18
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	7
Non-Ambulatory	4
Non-Mobile	6
Public Aid Recipient	4
Under 65 Years Old	2
Unable to Self-Medicate	3
Ventilator Dependent	24
Infectious Disease w/ Isolation	8
Other Restrictions	3
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	142
Endocrine/Metabolic	693
Blood Disorders	192
Nervous System Non Alzheimer	293
Alzheimer Disease	438
Mental Illness	769
Developmental Disability	295
Circulatory System	686
Respiratory System	340
Digestive System	129
Genitourinary System Disorders	83
Skin Disorders	60
Musculo-skeletal Disorders	185
Injuries and Poisonings	72
Other Medical Conditions	206
Non-Medical Conditions	9
TOTALS	4,592

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	5,068	4,954	4,519	4,945	4,336	732	3042	4552
Skilled Under 22	125	125	106	125	106	19		99
Intermediate DD	220	220	166	190	150	70		220
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	5,413	5,299	4,791	5,260	4,592	821	3042	4871

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4,351
Total Admissions 2007	6,760
Total Discharges 2007	6,519
Residents on 12/31/2007	4,592

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	131,522	11.8%	1,204,216	72.5%	106,580	1,442,318	78.0%	79.8%
Skilled Under 22			35,718	98.8%	2,198	37,916	83.1%	83.1%
Intermediate DD			58,370	72.7%	365	58,735	73.1%	73.1%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	131,522	11.8%	1,298,304	73.0%	109,143	1,538,969	77.9%	79.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	16	20	0	0	0	0	16	20	36
18 to 44	260	165	39	27	49	30	0	0	348	222	570
45 to 59	576	382	2	2	35	17	0	0	613	401	1,014
60 to 64	211	173	0	0	7	3	0	0	218	176	394
65 to 74	367	319	0	0	0	1	0	0	375	320	695
75 to 84	364	617	0	0	0	0	0	0	364	617	981
85+	211	691	0	0	0	0	0	0	211	691	902
TOTALS	1,989	2,347	57	49	99	51	0	0	2,145	2,447	4,592

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	385	3,661	88	33	169	0	4,336
Skilled Under 22	0	100	0	0	6	0	106
ICF/DD		149	0	0	1	0	150
Sheltered Care			0	0	0	0	0
TOTALS	385	3,910	88	33	176	0	4,592

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	140
Skilled Under 22	301	301
Intermediate DD	130	129
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	75	5	0	0	80
Amer. Indian	3	0	0	0	3
Black	3,777	27	121	0	3,925
Hawaiian/Pac. Isl.	0	0	0	0	0
White	451	74	18	0	543
Race Unknown	30	0	11	0	41
Total	4,336	106	150	0	4,592

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	136	12	11	0	159
Non-Hispanic	4,189	94	139	0	4,422
Ethnicity Unknown	11	0	0	0	11
Total	4,336	106	150	0	4,592

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	35.00
Physicians	5.54
Director of Nursing	30.80
Registered Nurses	146.09
LPN's	598.34
Certified Aides	1475.59
Other Health Staff	306.36
Non-Health Staff	1233.08
Totals	3830.80

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
23.2%	67.5%	0.8%	1.9%	6.6%	100.0%		1.1%
54,872,174	159,672,614	1,885,210	4,479,309	15,541,101	236,450,419	2,575,539	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	007
LTC PLANNING AREA	Planning Area 7-A
State of Illinois	
TOTAL FACILITIES	24
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	24
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	13
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	5
MULTI-LICENSED FACILITIES	6
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	9
FOR PROFIT OWNERSHIP	15

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	20
Chronic Alcoholism	15
Developmentally Disabled	11
Drug Addiction	17
Medicaid Recipient	2
Medicare Recipient	0
Mental Illness	15
Non-Ambulatory	0
Non-Mobile	2
Public Aid Recipient	1
Under 65 Years Old	2
Unable to Self-Medicate	0
Ventilator Dependent	23
Infectious Disease w/ Isolation	4
Other Restrictions	2
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	48
Endocrine/Metabolic	95
Blood Disorders	30
Nervous System Non Alzheimer	164
Alzheimer Disease	329
Mental Illness	115
Developmental Disability	300
Circulatory System	617
Respiratory System	221
Digestive System	101
Genitourinary System Disorders	103
Skin Disorders	23
Musculo-skeletal Disorders	207
Injuries and Poisonings	266
Other Medical Conditions	281
Non-Medical Conditions	0
TOTALS	2,900

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	2,871	2,823	2,617	2,812	2,382	489	2132	1805
Skilled Under 22	57	57	57	57	57	0		55
Intermediate DD	239	239	239	239	238	1		239
Sheltered Care	305	271	237	258	223	82		
TOTAL BEDS	3,472	3,390	3,150	3,366	2,900	572	2132	2099

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	2,884
Total Admissions 2007	8,719
Total Discharges 2007	8,703
Residents on 12/31/2007	2,900

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	183,790	23.6%	399,772	60.7%	293,964	877,526	83.7%	85.2%
Skilled Under 22			19,631	97.8%	546	20,177	97.0%	97.0%
Intermediate DD			83,431	95.6%	975	84,406	96.8%	96.8%
Sheltered Care					79,080	79,080	71.0%	79.9%
TOTALS	183,790	23.6%	502,834	65.6%	374,565	1,061,189	83.7%	85.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	9	10	0	0	0	0	9	10	19
18 to 44	10	3	20	17	54	34	0	0	84	54	138
45 to 59	31	38	1	0	45	55	0	0	77	93	170
60 to 64	14	28	0	0	11	12	0	0	25	40	65
65 to 74	82	161	0	0	2	16	2	4	92	181	273
75 to 84	222	514	0	0	2	1	16	35	240	550	790
85+	253	1,026	0	0	0	0	29	137	282	1,163	1,445
TOTALS	612	1,770	30	27	120	118	47	176	809	2,091	2,900

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	521	1,029	3	110	714	5	2,382
Skilled Under 22	0	56	0	0	1	0	57
ICF/DD		236	0	0	2	0	238
Sheltered Care			1	0	214	8	223
TOTALS	521	1,321	4	110	931	13	2,900

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	234	212
Skilled Under 22	250	250
Intermediate DD	142	140
Shelter	133	153

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	35	1	4	1	41
Amer. Indian	3	0	0	0	3
Black	23	12	15	0	50
Hawaiian/Pac. Isl.	1	0	0	0	1
White	2,319	44	219	222	2,804
Race Unknown	1	0	0	0	1
Total	2,382	57	238	223	2,900

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	36	13	4	0	53
Non-Hispanic	2,345	44	234	223	2,846
Ethnicity Unknown	1	0	0	0	1
Total	2,382	57	238	223	2,900

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	27.00
Physicians	0.55
Director of Nursing	19.00
Registered Nurses	367.28
LPN's	152.51
Certified Aides	1054.11
Other Health Staff	189.10
Non-Health Staff	941.40
Totals	2750.95

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
33.7%	27.0%	0.6%	2.3%	36.5%	100.0%		0.3%
77,448,427	61,911,137	1,342,731	5,195,838	83,760,244	229,658,379	662,099	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	007
LTC PLANNING AREA	Planning Area 7-B
State of Illinois	
TOTAL FACILITIES	47
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	46
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	37
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	8
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	17
FOR PROFIT OWNERSHIP	30

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	20
Chronic Alcoholism	23
Developmentally Disabled	32
Drug Addiction	31
Medicaid Recipient	9
Medicare Recipient	3
Mental Illness	20
Non-Ambulatory	2
Non-Mobile	4
Public Aid Recipient	6
Under 65 Years Old	6
Unable to Self-Medicate	1
Ventilator Dependent	39
Infectious Disease w/ Isolation	6
Other Restrictions	6
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	174
Endocrine/Metabolic	443
Blood Disorders	68
Nervous System Non Alzheimer	345
Alzheimer Disease	793
Mental Illness	977
Developmental Disability	203
Circulatory System	998
Respiratory System	442
Digestive System	182
Genitourinary System Disorders	171
Skin Disorders	85
Musculo-skeletal Disorders	541
Injuries and Poisonings	156
Other Medical Conditions	405
Non-Medical Conditions	39
TOTALS	6,022

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	7,096	6,929	6,158	6,602	5,653	1,443	4556	5569
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	147	147	147	147	145	2		147
Sheltered Care	386	349	234	349	224	162		
TOTAL BEDS	7,629	7,425	6,539	7,098	6,022	1,607	4556	5716

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6,020
Total Admissions 2007	17,538
Total Discharges 2007	17,536
Residents on 12/31/2007	6,022

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	307,856	18.5%	1,186,077	58.4%	594,887	2,088,820	80.6%	82.6%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			52,419	97.7%	0	52,419	97.7%	97.7%
Sheltered Care					78,019	78,019	55.4%	61.2%
TOTALS	307,856	18.5%	1,238,496	59.4%	672,906	2,219,258	79.7%	81.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	161	99	0	0	32	17	0	0	193	116	309
45 to 59	423	304	0	0	28	22	0	1	451	327	778
60 to 64	138	136	0	0	18	4	0	0	156	140	296
65 to 74	267	363	0	0	3	5	3	0	281	368	649
75 to 84	491	952	0	0	3	4	33	31	527	987	1,514
85+	475	1,844	0	0	1	0	47	109	523	1,953	2,476
TOTALS	1,955	3,698	0	0	93	52	83	141	2,131	3,891	6,022

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	790	3,195	65	92	1,494	17	5,653
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		145	0	0	0	0	145
Sheltered Care			0	5	200	19	224
TOTALS	790	3,340	65	97	1,694	36	6,022

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	241	184
Skilled Under 22	0	0
Intermediate DD	165	225
Shelter	148	139

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	298	0	1	1	300
Amer. Indian	5	0	1	0	6
Black	380	0	30	2	412
Hawaiian/Pac. Isl.	7	0	1	0	8
White	4,917	0	112	217	5,246
Race Unknown	46	0	0	4	50
Total	5,653	0	145	225	6,022

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	137	0	7	1	145
Non-Hispanic	5,374	0	138	220	5,732
Ethnicity Unknown	142	0	0	3	145
Total	5,653	0	145	224	6,022

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	54.00
Physicians	2.80
Director of Nursing	45.00
Registered Nurses	751.29
LPN's	250.55
Certified Aides	2022.77
Other Health Staff	507.16
Non-Health Staff	1857.54
Totals	5491.11

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
31.5%	35.5%	3.3%	2.7%	27.0%	100.0%		0.2%
125,332,810	140,986,634	13,280,313	10,682,919	107,288,010	397,570,686	679,930	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	007
LTC PLANNING AREA	Planning Area 7-C
State of Illinois	
TOTAL FACILITIES	43
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	42
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	31
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	5
MULTI-LICENSED FACILITIES	7
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	11
FOR PROFIT OWNERSHIP	31

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	29
Chronic Alcoholism	30
Developmentally Disabled	26
Drug Addiction	33
Medicaid Recipient	6
Medicare Recipient	2
Mental Illness	29
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	6
Under 65 Years Old	3
Unable to Self-Medicate	0
Ventilator Dependent	38
Infectious Disease w/ Isolation	8
Other Restrictions	2
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	107
Endocrine/Metabolic	342
Blood Disorders	62
Nervous System Non Alzheimer	396
Alzheimer Disease	732
Mental Illness	524
Developmental Disability	328
Circulatory System	840
Respiratory System	337
Digestive System	140
Genitourinary System Disorders	128
Skin Disorders	64
Musculo-skeletal Disorders	485
Injuries and Poisonings	215
Other Medical Conditions	589
Non-Medical Conditions	148
TOTALS	5,437

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	5,939	5,655	5,239	5,624	4,901	1,038	3059	4348
Skilled Under 22	139	139	135	139	124	15		139
Intermediate DD	164	164	164	164	158	6		164
Sheltered Care	299	282	264	282	254	45		
TOTAL BEDS	6,541	6,240	5,802	6,209	5,437	1,104	3059	4651

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	5,402
Total Admissions 2007	11,644
Total Discharges 2007	11,609
Residents on 12/31/2007	5,437

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	278,946	25.0%	1,007,158	63.5%	512,479	1,798,583	83.0%	87.1%
Skilled Under 22			46,426	91.5%	205	46,631	91.9%	91.9%
Intermediate DD			56,975	95.2%	347	57,322	95.8%	95.8%
Sheltered Care					89,949	89,949	82.4%	87.4%
TOTALS	278,946	25.0%	1,110,559	65.4%	602,980	1,992,485	83.5%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	31	15	0	0	0	0	31	15	46
18 to 44	100	69	39	31	36	30	0	0	175	130	305
45 to 59	221	177	2	6	41	36	1	1	265	220	485
60 to 64	106	144	0	0	3	4	0	3	109	151	260
65 to 74	238	349	0	0	1	2	2	5	245	356	601
75 to 84	403	875	0	0	1	0	11	60	415	935	1,350
85+	398	1,821	0	0	0	0	34	137	432	1,958	2,390
TOTALS	1,466	3,435	72	52	86	72	48	206	1,672	3,765	5,437

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	774	2,783	45	139	1,156	4	4,901
Skilled Under 22	0	122	1	0	1	0	124
ICF/DD		157	0	1	0	0	158
Sheltered Care			0	0	253	1	254
TOTALS	774	3,062	46	140	1,410	5	5,437

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	247	214
Skilled Under 22	0	199
Intermediate DD	0	197
Shelter	149	3

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	99	4	5	0	108
Amer. Indian	7	0	0	0	7
Black	193	35	20	0	248
Hawaiian/Pac. Isl.	1	0	0	0	1
White	4,561	68	131	254	5,014
Race Unknown	40	17	2	0	59
Total	4,901	124	158	254	5,437

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	105	15	6	0	126
Non-Hispanic	4,779	92	152	254	5,277
Ethnicity Unknown	17	17	0	0	34
Total	4,901	124	158	254	5,437

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	43.00
Physicians	0.00
Director of Nursing	37.00
Registered Nurses	599.03
LPN's	338.33
Certified Aides	1817.47
Other Health Staff	449.78
Non-Health Staff	1715.16
Totals	4999.77

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
30.2%	42.2%	0.8%	2.4%	24.5%	100.0%		0.2%
106,345,199	148,696,773	2,811,212	8,513,696	86,285,385	352,652,269	536,882	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	007
LTC PLANNING AREA	Planning Area 7-D
State of Illinois	
TOTAL FACILITIES	20
HOSPITAL BASED UNITS	3
FREE STANDING FACILITIES	17
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	14
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	2
MULTI-LICENSED FACILITIES	4
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	8
FOR PROFIT OWNERSHIP	11

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	14
Chronic Alcoholism	11
Developmentally Disabled	12
Drug Addiction	11
Medicaid Recipient	3
Medicare Recipient	1
Mental Illness	8
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	1
Under 65 Years Old	2
Unable to Self-Medicate	0
Ventilator Dependent	17
Infectious Disease w/ Isolation	2
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	67
Endocrine/Metabolic	332
Blood Disorders	71
Nervous System Non Alzheimer	140
Alzheimer Disease	317
Mental Illness	226
Developmental Disability	124
Circulatory System	273
Respiratory System	276
Digestive System	78
Genitourinary System Disorders	63
Skin Disorders	30
Musculo-skeletal Disorders	237
Injuries and Poisonings	49
Other Medical Conditions	46
Non-Medical Conditions	4
TOTALS	2,333

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	2,923	2,843	2,361	2,843	2,161	762	1972	2540
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	98	98	98	98	97	1		98
Sheltered Care	116	99	82	99	75	41		
TOTAL BEDS	3,137	3,040	2,541	3,040	2,333	804	1972	2638

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	2,289
Total Admissions 2007	5,385
Total Discharges 2007	5,341
Residents on 12/31/2007	2,333

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	123,424	17.1%	530,836	57.3%	130,068	784,328	73.5%	75.6%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			35,056	98.0%	365	35,421	99.0%	99.0%
Sheltered Care					20,988	20,988	49.6%	58.1%
TOTALS	123,424	17.1%	565,892	58.8%	151,421	840,737	73.4%	75.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	75	31	0	0	11	10	0	0	86	41	127
45 to 59	190	128	0	0	31	29	0	0	221	157	378
60 to 64	69	70	0	0	3	7	0	0	72	77	149
65 to 74	148	162	0	0	0	3	1	1	149	166	315
75 to 84	214	438	0	0	0	2	6	19	220	459	679
85+	123	513	0	0	1	0	7	41	131	554	685
TOTALS	819	1,342	0	0	46	51	14	61	879	1,454	2,333

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	328	1,492	3	35	295	8	2,161
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		96	0	0	1	0	97
Sheltered Care			0	0	74	1	75
TOTALS	328	1,588	3	35	370	9	2,333

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	284	245
Skilled Under 22	0	0
Intermediate DD	150	155
Shelter	150	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	21	0	3	0	24
Amer. Indian	0	0	0	0	0
Black	673	0	16	0	689
Hawaiian/Pac. Isl.	7	0	0	0	7
White	1,407	0	78	75	1,560
Race Unknown	53	0	0	0	53
Total	2,161	0	97	75	2,333

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	164	0	6	0	170
Non-Hispanic	1,971	0	91	75	2,137
Ethnicity Unknown	26	0	0	0	26
Total	2,161	0	97	75	2,333

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	24.50
Physicians	0.00
Director of Nursing	18.50
Registered Nurses	240.83
LPN's	195.20
Certified Aides	754.77
Other Health Staff	202.88
Non-Health Staff	741.57
Totals	2178.25

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
27.2%	45.3%	0.9%	1.0%	25.6%	100.0%		0.3%
37,718,793	62,848,109	1,294,984	1,326,511	35,451,162	138,639,561	449,170	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	007
LTC PLANNING AREA	Planning Area 7-E
State of Illinois	
TOTAL FACILITIES	80
HOSPITAL BASED UNITS	2
FREE STANDING FACILITIES	78
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	53
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	23
MULTI-LICENSED FACILITIES	4
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	30
FOR PROFIT OWNERSHIP	49

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	48
Chronic Alcoholism	48
Developmentally Disabled	32
Drug Addiction	54
Medicaid Recipient	6
Medicare Recipient	19
Mental Illness	23
Non-Ambulatory	3
Non-Mobile	5
Public Aid Recipient	11
Under 65 Years Old	4
Unable to Self-Medicate	3
Ventilator Dependent	69
Infectious Disease w/ Isolation	22
Other Restrictions	5
No Restrictions	2

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	142
Endocrine/Metabolic	564
Blood Disorders	80
Nervous System Non Alzheimer	470
Alzheimer Disease	596
Mental Illness	1,804
Developmental Disability	447
Circulatory System	1,517
Respiratory System	550
Digestive System	156
Genitourinary System Disorders	220
Skin Disorders	62
Musculo-skeletal Disorders	393
Injuries and Poisonings	211
Other Medical Conditions	594
Non-Medical Conditions	82
TOTALS	7,888

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	9,941	9,198	8,215	8,932	7,335	2,606	6306	7881
Skilled Under 22	67	67	65	67	65	2		67
Intermediate DD	356	356	354	355	342	14		324
Sheltered Care	241	193	160	193	146	95		
TOTAL BEDS	10,605	9,814	8,794	9,547	7,888	2,717	6306	8272

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	8,054
Total Admissions 2007	22,165
Total Discharges 2007	22,331
Residents on 12/31/2007	7,888

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	457,014	19.9%	1,855,607	64.5%	484,486	2,797,107	77.1%	83.3%
Skilled Under 22			21,937	89.7%	365	22,302	91.2%	91.2%
Intermediate DD			123,238	104.2%	0	123,238	94.8%	94.8%
Sheltered Care					51,345	51,345	58.4%	72.9%
TOTALS	457,014	19.9%	2,000,782	66.3%	536,196	2,993,992	77.3%	83.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	29	25	0	0	0	0	29	25	54
18 to 44	444	247	8	3	78	72	0	0	530	322	852
45 to 59	940	533	0	0	76	77	0	0	1,016	610	1,626
60 to 64	284	271	0	0	8	5	0	0	292	276	568
65 to 74	397	539	0	0	1	12	0	0	406	551	957
75 to 84	545	1,131	0	0	1	4	13	28	559	1,163	1,722
85+	374	1,630	0	0	0	0	10	95	384	1,725	2,109
TOTALS	2,984	4,351	37	28	172	170	23	123	3,216	4,672	7,888

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	1,254	4,851	108	224	888	10	7,335
Skilled Under 22	0	64	0	1	0	0	65
ICF/DD		342	0	0	0	0	342
Sheltered Care			0	0	137	9	146
TOTALS	1,254	5,257	108	225	1,025	19	7,888

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	177
Skilled Under 22	497	189
Intermediate DD	155	166
Shelter	96	74

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	25	0	0	0	25
Amer. Indian	1	0	0	0	1
Black	2,692	49	62	0	2,803
Hawaiian/Pac. Isl.	1	0	9	0	10
White	4,579	8	271	146	5,004
Race Unknown	37	8	0	0	45
Total	7,335	65	342	146	7,888

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	199	8	26	0	233
Non-Hispanic	6,676	57	312	94	7,139
Ethnicity Unknown	460	0	4	52	516
Total	7,335	65	342	146	7,888

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	81.75
Physicians	67.00
Director of Nursing	68.60
Registered Nurses	598.59
LPN's	873.94
Certified Aides	2552.28
Other Health Staff	940.05
Non-Health Staff	2837.86
Totals	8020.07

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
36.2%	43.8%	1.1%	4.8%	14.0%	100.0%		0.1%
183,972,977	222,872,333	5,749,358	24,414,389	71,390,255	508,399,324	421,404	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	008
LTC PLANNING AREA	Kane
State of Illinois	
TOTAL FACILITIES	31
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	31
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	20
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	9
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	16
FOR PROFIT OWNERSHIP	15

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	19
Chronic Alcoholism	19
Developmentally Disabled	8
Drug Addiction	22
Medicaid Recipient	1
Medicare Recipient	2
Mental Illness	17
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	5
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	24
Infectious Disease w/ Isolation	9
Other Restrictions	2
No Restrictions	4

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	44
Endocrine/Metabolic	216
Blood Disorders	26
Nervous System Non Alzheimer	91
Alzheimer Disease	188
Mental Illness	432
Developmental Disability	190
Circulatory System	346
Respiratory System	191
Digestive System	43
Genitourinary System Disorders	77
Skin Disorders	21
Musculo-skeletal Disorders	237
Injuries and Poisonings	82
Other Medical Conditions	162
Non-Medical Conditions	42
TOTALS	2,388

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	2,556	2,517	2,336	2,517	2,135	421	1584	1930
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	173	173	172	173	172	1		141
Sheltered Care	152	103	84	103	81	71		
TOTAL BEDS	2,881	2,793	2,592	2,793	2,388	493	1584	2071

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	2,331
Total Admissions 2007	5,186
Total Discharges 2007	5,129
Residents on 12/31/2007	2,388

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	106,069	18.3%	454,409	64.5%	229,279	789,757	84.7%	86.0%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			60,884	118.3%	1,274	62,158	98.4%	98.4%
Sheltered Care					22,166	22,166	40.0%	59.0%
TOTALS	106,069	18.3%	515,293	68.2%	252,719	874,081	83.1%	85.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	1	0	0	0	0	0	0	0	1	0	1
18 to 44	85	30	0	0	45	77	0	0	130	107	237
45 to 59	132	105	0	0	22	19	0	1	154	125	279
60 to 64	70	65	0	0	3	2	3	0	76	67	143
65 to 74	114	122	0	0	0	3	3	4	118	129	247
75 to 84	181	379	0	0	0	0	7	4	188	383	571
85+	161	690	0	0	0	0	18	41	179	731	910
TOTALS	744	1,391	0	0	71	101	31	50	846	1,542	2,388

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 008
LTC PLANNING AREA Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	293	1,281	0	40	520	1	2,135
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		169	0	1	2	0	172
Sheltered Care			0	0	81	0	81
TOTALS	293	1,450	0	41	603	1	2,388

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	196	158
Skilled Under 22	0	0
Intermediate DD	157	219
Shelter	36	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	18	0	9	0	27
Amer. Indian	7	0	1	0	8
Black	142	0	14	1	157
Hawaiian/Pac. Isl.	9	0	1	0	10
White	1,944	0	147	80	2,171
Race Unknown	15	0	0	0	15
Total	2,135	0	172	81	2,388

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	93	0	10	0	103
Non-Hispanic	2,031	0	162	81	2,274
Ethnicity Unknown	11	0	0	0	11
Total	2,135	0	172	81	2,388

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	26.30
Physicians	1.50
Director of Nursing	25.00
Registered Nurses	247.28
LPN's	139.62
Certified Aides	812.46
Other Health Staff	162.39
Non-Health Staff	839.70
Totals	2254.25

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
28.3%	41.2%	0.2%	3.0%	27.3%	100.0%		0.1%
40,091,162	58,362,786	335,762	4,242,240	38,775,410	141,807,366	145,146	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	008
LTC PLANNING AREA	Lake
State of Illinois	
TOTAL FACILITIES	37
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	36
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	27
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	8
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	11
FOR PROFIT OWNERSHIP	24

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	22
Chronic Alcoholism	20
Developmentally Disabled	18
Drug Addiction	23
Medicaid Recipient	5
Medicare Recipient	5
Mental Illness	14
Non-Ambulatory	4
Non-Mobile	5
Public Aid Recipient	3
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	32
Infectious Disease w/ Isolation	8
Other Restrictions	4
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	64
Endocrine/Metabolic	255
Blood Disorders	24
Nervous System Non Alzheimer	160
Alzheimer Disease	539
Mental Illness	752
Developmental Disability	293
Circulatory System	574
Respiratory System	231
Digestive System	122
Genitourinary System Disorders	133
Skin Disorders	53
Musculo-skeletal Disorders	286
Injuries and Poisonings	89
Other Medical Conditions	281
Non-Medical Conditions	0
TOTALS	3,856

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	4,759	4,529	3,869	4,418	3,529	1,230	2817	3311
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	293	293	290	293	281	12		292
Sheltered Care	86	62	57	62	46	40		
TOTAL BEDS	5,138	4,884	4,216	4,773	3,856	1,282	2817	3603

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	3,860
Total Admissions 2007	10,285
Total Discharges 2007	10,289
Residents on 12/31/2007	3,856

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	204,420	19.9%	811,206	67.1%	293,257	1,308,883	75.4%	79.2%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			99,324	93.2%	1,820	101,144	94.6%	94.6%
Sheltered Care					18,923	18,923	60.3%	83.6%
TOTALS	204,420	19.9%	910,530	69.2%	314,000	1,428,950	76.2%	80.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	111	84	0	0	19	61	0	0	130	145	275
45 to 59	277	185	0	0	38	86	0	0	315	271	586
60 to 64	105	126	0	0	9	18	0	0	114	144	258
65 to 74	222	293	0	0	0	28	0	4	231	325	556
75 to 84	276	660	0	0	0	11	3	7	279	678	957
85+	231	959	0	0	0	2	12	20	243	981	1,224
TOTALS	1,222	2,307	0	0	75	206	15	31	1,312	2,544	3,856

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HEALTH SERVICE AREA 008
LTC PLANNING AREA Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	529	2,168	18	84	723	7	3,529
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		276	0	0	5	0	281
Sheltered Care			0	0	42	4	46
TOTALS	529	2,444	18	84	770	11	3,856

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	218	175
Skilled Under 22	0	0
Intermediate DD	145	176
Shelter	186	154

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	62	0	4	1	67
Amer. Indian	8	0	1	0	9
Black	303	0	15	0	318
Hawaiian/Pac. Isl.	4	0	0	0	4
White	3,111	0	254	45	3,410
Race Unknown	41	0	7	0	48
Total	3,529	0	281	47	3,856

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	114	0	5	1	120
Non-Hispanic	3,400	0	276	45	3,721
Ethnicity Unknown	15	0	0	0	15
Total	3,529	0	281	46	3,856

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	34.00
Physicians	2.75
Director of Nursing	33.00
Registered Nurses	457.93
LPN's	230.07
Certified Aides	1443.64
Other Health Staff	260.62
Non-Health Staff	1277.59
Totals	3739.60

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
30.7%	39.1%	1.0%	1.8%	27.4%	100.0%		0.3%
76,278,133	97,113,294	2,419,181	4,484,592	68,050,660	248,345,862	772,426	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	008
LTC PLANNING AREA	McHenry
State of Illinois	
TOTAL FACILITIES	11
HOSPITAL BASED UNITS	2
FREE STANDING FACILITIES	9
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	9
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	2
NON-PROFIT OWNERSHIP	4
FOR PROFIT OWNERSHIP	5

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	7
Chronic Alcoholism	5
Developmentally Disabled	5
Drug Addiction	6
Medicaid Recipient	2
Medicare Recipient	1
Mental Illness	7
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	3
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	10
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	13
Endocrine/Metabolic	27
Blood Disorders	1
Nervous System Non Alzheimer	55
Alzheimer Disease	92
Mental Illness	29
Developmental Disability	92
Circulatory System	192
Respiratory System	36
Digestive System	26
Genitourinary System Disorders	40
Skin Disorders	8
Musculo-skeletal Disorders	81
Injuries and Poisonings	27
Other Medical Conditions	118
Non-Medical Conditions	0
TOTALS	837

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1,027	938	783	938	707	320	737	720
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	96	96	90	96	89	7		94
Sheltered Care	63	49	42	49	41	22		
TOTAL BEDS	1,186	1,083	915	1,083	837	349	737	814

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	859
Total Admissions 2007	2,046
Total Discharges 2007	2,068
Residents on 12/31/2007	837

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	42,171	15.7%	132,721	50.5%	88,086	262,978	70.2%	76.8%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			32,053	93.4%	699	32,752	93.5%	93.5%
Sheltered Care					15,326	15,326	66.6%	85.7%
TOTALS	42,171	15.7%	164,774	55.5%	104,111	311,056	71.9%	78.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	3	0	0	11	15	0	0	11	18	29
45 to 59	11	10	0	0	27	16	0	0	38	26	64
60 to 64	7	14	0	0	3	4	0	1	10	19	29
65 to 74	31	50	0	0	2	3	0	0	35	53	88
75 to 84	58	143	0	0	2	3	0	9	60	155	215
85+	59	321	0	0	0	1	5	26	64	348	412
TOTALS	166	541	0	0	47	42	5	36	218	619	837

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HEALTH SERVICE AREA 008
LTC PLANNING AREA McHenry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	105	365	7	6	223	1	707
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		88	0	0	1	0	89
Sheltered Care			6	0	35	0	41
TOTALS	105	453	13	6	259	1	837

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	247	214
Skilled Under 22	0	0
Intermediate DD	122	122
Shelter	110	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	1	0	4
Amer. Indian	1	0	0	0	1
Black	1	0	7	0	8
Hawaiian/Pac. Isl.	2	0	0	0	2
White	700	0	81	41	822
Race Unknown	0	0	0	0	0
Total	707	0	89	41	837

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	13	0	3	0	16
Non-Hispanic	588	0	86	41	715
Ethnicity Unknown	106	0	0	0	106
Total	707	0	89	41	837

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	11.00
Physicians	0.00
Director of Nursing	11.50
Registered Nurses	97.44
LPN's	43.51
Certified Aides	255.68
Other Health Staff	51.23
Non-Health Staff	266.99
Totals	737.35

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
24.1%	35.5%	2.6%	1.2%	36.6%	100.0%		0.1%
12,136,350	17,892,603	1,300,514	604,385	18,414,449	50,348,302	74,913	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	009
LTC PLANNING AREA	Grundy
State of Illinois	
TOTAL FACILITIES	2
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	2
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	1
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	24
Blood Disorders	1
Nervous System Non Alzheimer	20
Alzheimer Disease	8
Mental Illness	10
Developmental Disability	1
Circulatory System	84
Respiratory System	9
Digestive System	8
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	45
Injuries and Poisonings	8
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	237

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	241	241	230	241	217	24	102	241
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	24	24	20	24	20	4		
TOTAL BEDS	265	265	250	265	237	28	102	241

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	238
Total Admissions 2007	297
Total Discharges 2007	298
Residents on 12/31/2007	237

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12,341	33.1%	44,147	50.2%	22,118	78,606	89.4%	89.4%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					7,300	7,300	83.3%	83.3%
TOTALS	12,341	33.1%	44,147	50.2%	29,418	85,906	88.8%	88.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	1	6	0	0	0	0	0	0	1	6	7
65 to 74	10	23	0	0	0	0	0	0	10	23	33
75 to 84	17	47	0	0	0	0	1	5	18	52	70
85+	15	95	0	0	0	0	3	11	18	106	124
TOTALS	44	173	0	0	0	0	4	16	48	189	237

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	31	124	0	1	58	0	214
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	31	124	0	1	81	0	237

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	98

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
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	214	0	0	23	237

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	214	0	0	23	237
Ethnicity Unknown	0	0	0	0	0
Total	214	0	0	23	237

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	17.00
LPN's	15.00
Certified Aides	81.00
Other Health Staff	6.00
Non-Health Staff	77.00
Totals	200.00

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
41.2%	28.8%	0.0%	0.9%	29.1%	100.0%		0.0%
5,841,067	4,090,671	0	130,643	4,127,757	14,190,140	6,000	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	009
LTC PLANNING AREA	Kankakee
State of Illinois	
TOTAL FACILITIES	21
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	21
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	8
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	12
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	15
FOR PROFIT OWNERSHIP	5

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	20
Chronic Alcoholism	16
Developmentally Disabled	6
Drug Addiction	17
Medicaid Recipient	0
Medicare Recipient	10
Mental Illness	7
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	20
Infectious Disease w/ Isolation	13
Other Restrictions	3
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	52
Blood Disorders	4
Nervous System Non Alzheimer	74
Alzheimer Disease	143
Mental Illness	394
Developmental Disability	127
Circulatory System	164
Respiratory System	54
Digestive System	18
Genitourinary System Disorders	15
Skin Disorders	5
Musculo-skeletal Disorders	83
Injuries and Poisonings	28
Other Medical Conditions	90
Non-Medical Conditions	7
TOTALS	1,267

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1,328	1,327	1,244	1,327	1,119	209	569	784
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	128	128	128	128	118	10		128
Sheltered Care	79	36	30	36	30	49		
TOTAL BEDS	1,535	1,491	1,402	1,491	1,267	268	569	912

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	1,324
Total Admissions 2007	1,325
Total Discharges 2007	1,382
Residents on 12/31/2007	1,267

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	42,868	20.6%	220,836	77.2%	152,082	415,786	85.8%	85.8%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			42,982	92.0%	0	42,982	92.0%	92.0%
Sheltered Care					10,950	10,950	38.0%	83.3%
TOTALS	42,868	20.6%	263,818	79.3%	163,032	469,718	83.8%	86.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	58	37	0	0	24	18	0	0	82	55	137
45 to 59	136	72	0	0	38	17	0	0	174	89	263
60 to 64	29	23	0	0	12	2	0	0	41	25	66
65 to 74	54	58	0	0	1	2	0	0	56	60	116
75 to 84	136	139	0	0	1	2	4	8	141	149	290
85+	137	240	0	0	0	0	2	16	139	256	395
TOTALS	550	569	0	0	77	41	6	24	633	634	1,267

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 009
LTC PLANNING AREA Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	118	611	8	6	374	2	1,119
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		118	0	0	0	0	118
Sheltered Care			0	0	29	1	30
TOTALS	118	729	8	6	403	3	1,267

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	142	133
Skilled Under 22	0	0
Intermediate DD	0	164
Shelter	103	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	172	0	20	0	192
Hawaiian/Pac. Isl.	0	0	0	0	0
White	941	0	96	30	1,067
Race Unknown	3	0	2	0	5
Total	1,119	0	118	30	1,267

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	7	0	18
Non-Hispanic	884	0	111	30	1,025
Ethnicity Unknown	224	0	0	0	224
Total	1,119	0	118	30	1,267

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	11.50
Physicians	3.00
Director of Nursing	9.15
Registered Nurses	93.60
LPN's	123.40
Certified Aides	459.43
Other Health Staff	79.25
Non-Health Staff	390.19
Totals	1169.52

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
20.8%	43.6%	11.9%	0.9%	22.9%	100.0%		0.2%
13,246,184	27,741,838	7,567,588	568,961	14,555,535	63,680,112	135,086	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	009
LTC PLANNING AREA	Kendall
State of Illinois	
TOTAL FACILITIES	2
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	2
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	2
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	10
Blood Disorders	3
Nervous System Non Alzheimer	5
Alzheimer Disease	4
Mental Illness	5
Developmental Disability	0
Circulatory System	42
Respiratory System	13
Digestive System	7
Genitourinary System Disorders	6
Skin Disorders	5
Musculo-skeletal Disorders	10
Injuries and Poisonings	7
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	133

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	178	158	154	157	133	45	117	48
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	178	158	154	157	133	45	117	48

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	145
Total Admissions 2007	323
Total Discharges 2007	335
Residents on 12/31/2007	133

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9,978	23.4%	13,292	75.9%	29,436	52,706	81.1%	91.4%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	9,978	23.4%	13,292	75.9%	29,436	52,706	81.1%	91.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	12	60	0	0	0	0	0	0	12	60	72
85+	10	40	0	0	0	0	0	0	10	40	50
TOTALS	26	107	0	0	0	0	0	0	26	107	133

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 009
LTC PLANNING AREA Kendall

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	37	0	0	71	0	133
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	37	0	0	71	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	222	172
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	133	0	0	0	133
Race Unknown	0	0	0	0	0
Total	133	0	0	0	133

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	133	0	0	0	133
Ethnicity Unknown	0	0	0	0	0
Total	133	0	0	0	133

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	21.00
LPN's	7.00
Certified Aides	75.00
Other Health Staff	3.00
Non-Health Staff	51.00
Totals	161.00

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
36.6%	11.3%	0.0%	0.5%	51.7%	100.0%		0.0%
4,318,314	1,328,595	0	56,852	6,104,993	11,808,754	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	009
LTC PLANNING AREA	Will
State of Illinois	
TOTAL FACILITIES	28
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	28
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	14
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	12
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	13
FOR PROFIT OWNERSHIP	14

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	18
Chronic Alcoholism	21
Developmentally Disabled	9
Drug Addiction	22
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	11
Non-Ambulatory	5
Non-Mobile	6
Public Aid Recipient	2
Under 65 Years Old	1
Unable to Self-Medicate	6
Ventilator Dependent	27
Infectious Disease w/ Isolation	12
Other Restrictions	2
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	43
Endocrine/Metabolic	146
Blood Disorders	36
Nervous System Non Alzheimer	127
Alzheimer Disease	167
Mental Illness	362
Developmental Disability	157
Circulatory System	434
Respiratory System	202
Digestive System	64
Genitourinary System Disorders	65
Skin Disorders	29
Musculo-skeletal Disorders	129
Injuries and Poisonings	78
Other Medical Conditions	275
Non-Medical Conditions	11
TOTALS	2,325

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	2,610	2,530	2,263	2,530	2,138	472	1902	2327
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	144	144	144	112	140	4		144
Sheltered Care	52	52	47	52	47	5		
TOTAL BEDS	2,806	2,726	2,454	2,694	2,325	481	1902	2471

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	2,281
Total Admissions 2007	4,092
Total Discharges 2007	4,048
Residents on 12/31/2007	2,325

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	108,033	15.6%	504,463	59.4%	154,818	767,314	80.5%	83.1%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			48,904	93.0%	984	49,888	94.9%	94.9%
Sheltered Care					15,385	15,385	81.1%	81.1%
TOTALS	108,033	15.6%	553,367	61.4%	171,187	832,587	81.3%	83.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	77	41	0	0	43	21	0	0	120	62	182
45 to 59	163	116	0	0	34	25	0	0	197	141	338
60 to 64	75	68	0	0	4	5	0	0	79	73	152
65 to 74	139	169	0	0	0	3	1	5	144	177	321
75 to 84	139	375	0	0	0	1	2	12	141	388	529
85+	126	650	0	0	0	0	4	23	130	673	803
TOTALS	719	1,419	0	0	85	55	7	40	811	1,514	2,325

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 009
LTC PLANNING AREA Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	316	1,267	75	22	458	0	2,138
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		140	0	0	0	0	140
Sheltered Care			0	0	47	0	47
TOTALS	316	1,407	75	22	505	0	2,325

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	179	166
Skilled Under 22	0	0
Intermediate DD	178	187
Shelter	1250	95

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	11	0	0	0	11
Amer. Indian	3	0	2	0	5
Black	348	0	28	0	376
Hawaiian/Pac. Isl.	1	0	0	0	1
White	1,764	0	108	47	1,919
Race Unknown	11	0	2	0	13
Total	2,138	0	140	47	2,325

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	65	0	4	0	69
Non-Hispanic	2,073	0	136	47	2,256
Ethnicity Unknown	0	0	0	0	0
Total	2,138	0	140	47	2,325

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	32.00
Physicians	0.50
Director of Nursing	16.00
Registered Nurses	173.55
LPN's	256.15
Certified Aides	772.43
Other Health Staff	124.60
Non-Health Staff	819.36
Totals	2194.59

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
27.9%	47.6%	3.7%	3.2%	17.6%	100.0%		0.2%
38,481,263	65,682,960	5,088,289	4,460,007	24,204,542	137,917,061	275,426	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	010
LTC PLANNING AREA	Henry
State of Illinois	
TOTAL FACILITIES	5
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	4
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	2
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	14
Endocrine/Metabolic	22
Blood Disorders	3
Nervous System Non Alzheimer	22
Alzheimer Disease	52
Mental Illness	64
Developmental Disability	8
Circulatory System	87
Respiratory System	25
Digestive System	7
Genitourinary System Disorders	14
Skin Disorders	3
Musculo-skeletal Disorders	43
Injuries and Poisonings	8
Other Medical Conditions	29
Non-Medical Conditions	17
TOTALS	418

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	519	519	432	519	418	101	430	540
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	519	519	432	519	418	101	430	540

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	417
Total Admissions 2007	596
Total Discharges 2007	595
Residents on 12/31/2007	418

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9,531	6.1%	78,393	39.8%	56,315	144,239	76.1%	76.1%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	9,531	6.1%	78,393	39.8%	56,315	144,239	76.1%	76.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	4	0	0	0	0	0	0	6	4	10
45 to 59	21	10	0	0	0	0	0	0	21	10	31
60 to 64	10	12	0	0	0	0	0	0	10	12	22
65 to 74	19	26	0	0	0	0	0	0	19	26	45
75 to 84	28	68	0	0	0	0	0	0	28	68	96
85+	49	165	0	0	0	0	0	0	49	165	214
TOTALS	133	285	0	0	0	0	0	0	133	285	418

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 010
LTC PLANNING AREA Henry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	227	0	0	161	0	418
Skilled Under 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	227	0	0	161	0	418

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	411	0	0	0	411
Race Unknown	2	0	0	0	2
Total	418	0	0	0	418

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	416	0	0	0	416
Ethnicity Unknown	0	0	0	0	0
Total	418	0	0	0	418

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.00
Physicians	0.00
Director of Nursing	4.80
Registered Nurses	23.53
LPN's	41.83
Certified Aides	154.74
Other Health Staff	19.10
Non-Health Staff	118.00
Totals	367.00

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
15.3%	49.5%	0.0%	0.2%	35.1%	100.0%		0.0%
2,387,318	7,727,721	0	28,339	5,474,924	15,618,302	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	010
LTC PLANNING AREA	Mercer
State of Illinois	
TOTAL FACILITIES	3
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	2
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	0
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	2
NON-PROFIT OWNERSHIP	0
FOR PROFIT OWNERSHIP	1

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
Nervous System Non Alzheimer	6
Alzheimer Disease	34
Mental Illness	6
Developmental Disability	0
Circulatory System	39
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	19
Injuries and Poisonings	2
Other Medical Conditions	38
Non-Medical Conditions	0
TOTALS	163

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	189	189	172	189	163	26	80	175
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	189	189	172	189	163	26	80	175

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	147
Total Admissions 2007	121
Total Discharges 2007	105
Residents on 12/31/2007	163

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	916	3.1%	26,587	41.6%	27,224	54,727	79.3%	79.3%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	916	3.1%	26,587	41.6%	27,224	54,727	79.3%	79.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	5	0	0	0	0	0	0	1	5	6
65 to 74	11	3	0	0	0	0	0	0	11	3	14
75 to 84	8	30	0	0	0	0	0	0	8	30	38
85+	16	88	0	0	0	0	0	0	16	88	104
TOTALS	36	127	0	0	0	0	0	0	36	127	163

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 010
LTC PLANNING AREA Mercer

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	80	0	0	79	0	163
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	80	0	0	79	0	163

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	113	101
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	163	0	0	0	163
Race Unknown	0	0	0	0	0
Total	163	0	0	0	163

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	163	0	0	0	163
Ethnicity Unknown	0	0	0	0	0
Total	163	0	0	0	163

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	11.00
LPN's	16.00
Certified Aides	58.50
Other Health Staff	11.00
Non-Health Staff	47.50
Totals	150.00

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
7.8%	44.2%	0.0%	0.0%	48.0%	100.0%		0.0%
408,882	2,308,775	0	0	2,503,912	5,221,569	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	010
LTC PLANNING AREA	Rock Island
State of Illinois	
TOTAL FACILITIES	16
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	15
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	9
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	5
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	8
FOR PROFIT OWNERSHIP	7

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	8
Chronic Alcoholism	9
Developmentally Disabled	4
Drug Addiction	9
Medicaid Recipient	0
Medicare Recipient	2
Mental Illness	6
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	11
Infectious Disease w/ Isolation	5
Other Restrictions	1
No Restrictions	3

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	22
Endocrine/Metabolic	62
Blood Disorders	18
Nervous System Non Alzheimer	56
Alzheimer Disease	198
Mental Illness	32
Developmental Disability	107
Circulatory System	245
Respiratory System	80
Digestive System	36
Genitourinary System Disorders	41
Skin Disorders	17
Musculo-skeletal Disorders	81
Injuries and Poisonings	78
Other Medical Conditions	77
Non-Medical Conditions	0
TOTALS	1,150

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1,308	1,249	1,087	1,249	988	320	696	1055
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	61	18		
TOTAL BEDS	1,491	1,432	1,269	1,432	1,150	341	696	1175

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	1,180
Total Admissions 2007	3,056
Total Discharges 2007	3,086
Residents on 12/31/2007	1,150

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	57,146	22.5%	192,385	50.0%	113,097	362,628	76.0%	79.5%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			36,432	83.2%	0	36,432	96.0%	96.0%
Sheltered Care					18,111	18,111	62.8%	62.8%
TOTALS	57,146	22.5%	228,817	53.4%	131,208	417,171	76.7%	79.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	14	0	0	25	20	0	0	34	34	68
45 to 59	34	28	0	0	19	18	0	0	53	46	99
60 to 64	25	37	0	0	5	6	1	0	31	43	74
65 to 74	46	74	0	0	2	3	0	0	47	77	124
75 to 84	81	176	0	0	2	2	1	6	84	184	268
85+	97	367	0	0	0	0	9	44	106	411	517
TOTALS	292	696	0	0	52	49	11	50	355	795	1,150

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	162	507	1	13	305	0	988
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		101	0	0	0	0	101
Sheltered Care			0	0	61	0	61
TOTALS	162	608	1	13	366	0	1,150

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	184
Skilled Under 22	0	0
Intermediate DD	166	131
Shelter	173	144

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	1	0	4
Amer. Indian	0	0	1	0	1
Black	71	0	9	0	80
Hawaiian/Pac. Isl.	0	0	0	0	0
White	872	0	90	56	1,018
Race Unknown	42	0	0	5	47
Total	988	0	101	61	1,150

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	29	0	2	0	31
Non-Hispanic	957	0	99	61	1,117
Ethnicity Unknown	2	0	0	0	2
Total	988	0	101	61	1,150

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	13.50
Physicians	0.00
Director of Nursing	13.00
Registered Nurses	65.48
LPN's	181.39
Certified Aides	428.88
Other Health Staff	101.88
Non-Health Staff	352.94
Totals	1157.07

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
27.7%	36.7%	0.4%	3.8%	31.3%	100.0%		0.0%
18,445,487	24,414,694	284,161	2,527,926	20,804,468	66,476,737	600	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	011
LTC PLANNING AREA	Clinton
State of Illinois	
TOTAL FACILITIES	11
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	11
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	5
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	6
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	9

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	6
Chronic Alcoholism	6
Developmentally Disabled	3
Drug Addiction	7
Medicaid Recipient	0
Medicare Recipient	2
Mental Illness	3
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	9
Infectious Disease w/ Isolation	6
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	34
Blood Disorders	2
Nervous System Non Alzheimer	23
Alzheimer Disease	70
Mental Illness	20
Developmental Disability	132
Circulatory System	69
Respiratory System	31
Digestive System	7
Genitourinary System Disorders	13
Skin Disorders	0
Musculo-skeletal Disorders	23
Injuries and Poisonings	14
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	448

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	417	379	346	375	321	96	158	412
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	130	130	130	130	127	3		130
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	547	509	476	505	448	99	158	542

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	441
Total Admissions 2007	338
Total Discharges 2007	331
Residents on 12/31/2007	448

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13,478	23.4%	63,037	41.9%	36,596	113,111	74.3%	81.8%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			44,580	94.0%	424	45,004	94.8%	94.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	13,478	23.4%	107,617	54.4%	37,020	158,115	79.2%	85.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	1	0	0	0	1	0	1
18 to 44	2	2	0	0	22	26	0	0	24	28	52
45 to 59	9	5	0	0	20	33	0	0	29	38	67
60 to 64	6	4	0	0	4	2	0	0	10	6	16
65 to 74	7	20	0	0	2	7	0	0	13	27	40
75 to 84	39	64	0	0	2	1	0	0	41	65	106
85+	37	126	0	0	0	3	0	0	37	129	166
TOTALS	100	221	0	0	55	72	0	0	155	293	448

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 011
LTC PLANNING AREA Clinton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	178	0	7	105	0	321
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		126	1	0	0	0	127
Sheltered Care			0	0	0	0	0
TOTALS	31	304	1	7	105	0	448

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	132	113
Skilled Under 22	0	0
Intermediate DD	239	160
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	14	0	14
Hawaiian/Pac. Isl.	0	0	0	0	0
White	321	0	113	0	434
Race Unknown	0	0	0	0	0
Total	321	0	127	0	448

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	321	0	125	0	446
Ethnicity Unknown	0	0	0	0	0
Total	321	0	127	0	448

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.50
Physicians	0.00
Director of Nursing	6.00
Registered Nurses	28.75
LPN's	39.25
Certified Aides	188.00
Other Health Staff	12.00
Non-Health Staff	148.00
Totals	429.50

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
22.6%	51.5%	2.1%	2.8%	21.0%	100.0%		0.0%
6,255,228	14,221,392	581,515	769,292	5,808,854	27,636,286	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	011
LTC PLANNING AREA	Madison
State of Illinois	
TOTAL FACILITIES	43
HOSPITAL BASED UNITS	4
FREE STANDING FACILITIES	39
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	23
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	19
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	26
FOR PROFIT OWNERSHIP	17

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	18
Chronic Alcoholism	27
Developmentally Disabled	8
Drug Addiction	21
Medicaid Recipient	1
Medicare Recipient	6
Mental Illness	8
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	3
Under 65 Years Old	1
Unable to Self-Medicate	7
Ventilator Dependent	40
Infectious Disease w/ Isolation	12
Other Restrictions	5
No Restrictions	3

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	34
Endocrine/Metabolic	102
Blood Disorders	30
Nervous System Non Alzheimer	93
Alzheimer Disease	303
Mental Illness	124
Developmental Disability	521
Circulatory System	336
Respiratory System	134
Digestive System	47
Genitourinary System Disorders	39
Skin Disorders	23
Musculo-skeletal Disorders	153
Injuries and Poisonings	129
Other Medical Conditions	98
Non-Medical Conditions	12
TOTALS	2,178

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	2,222	2,139	1,826	2,096	1,681	541	1031	1737
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	540	528	501	528	490	50		519
Sheltered Care	7	14	14	7	7	0		
TOTAL BEDS	2,769	2,681	2,341	2,631	2,178	591	1031	2256

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	2,162
Total Admissions 2007	4,365
Total Discharges 2007	4,349
Residents on 12/31/2007	2,178

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	75,478	20.1%	329,256	51.9%	196,001	600,735	74.1%	76.9%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			172,124	90.9%	5,803	177,927	90.3%	92.3%
Sheltered Care					2,834	2,834	110.9%	55.5%
TOTALS	75,478	20.1%	501,380	60.9%	204,638	781,496	77.3%	79.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	5	0	0	101	75	0	0	105	80	185
45 to 59	33	37	0	0	126	91	0	0	159	128	287
60 to 64	19	28	0	0	30	14	0	0	49	42	91
65 to 74	77	140	0	0	8	10	0	0	105	150	255
75 to 84	143	409	0	0	8	6	0	3	151	418	569
85+	124	662	0	0	0	1	1	3	125	666	791
TOTALS	400	1,281	0	0	293	197	1	6	694	1,484	2,178

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA 011
LTC PLANNING AREA Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	231	885	10	37	518	0	1,681
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		410	33	44	3	0	490
Sheltered Care			0	0	7	0	7
TOTALS	231	1,295	43	81	528	0	2,178

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	439	386
Skilled Under 22	0	0
Intermediate DD	172	136
Shelter	185	145

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	3	0	4
Amer. Indian	0	0	0	0	0
Black	114	0	38	0	152
Hawaiian/Pac. Isl.	0	0	2	0	2
White	1,565	0	447	7	2,019
Race Unknown	1	0	0	0	1
Total	1,681	0	490	7	2,178

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	7	0	12
Non-Hispanic	1,545	0	483	7	2,035
Ethnicity Unknown	131	0	0	0	131
Total	1,681	0	490	7	2,178

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	38.50
Physicians	0.20
Director of Nursing	26.00
Registered Nurses	114.55
LPN's	254.30
Certified Aides	865.00
Other Health Staff	197.70
Non-Health Staff	589.60
Totals	2085.85

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
21.7%	43.8%	3.1%	1.1%	30.3%	100.0%		0.1%
22,739,741	45,754,283	3,212,015	1,147,161	31,700,046	104,553,250	65,703	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	011
LTC PLANNING AREA	Monroe
State of Illinois	
TOTAL FACILITIES	4
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	4
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	3
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	0
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	1
FOR PROFIT OWNERSHIP	2

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	12
Blood Disorders	3
Nervous System Non Alzheimer	30
Alzheimer Disease	55
Mental Illness	25
Developmental Disability	18
Circulatory System	74
Respiratory System	12
Digestive System	15
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	22
Injuries and Poisonings	19
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	312

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	324	320	303	320	298	26	44	365
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	340	336	319	336	312	28	44	381

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	296
Total Admissions 2007	295
Total Discharges 2007	279
Residents on 12/31/2007	312

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7,646	47.6%	59,562	44.7%	37,882	105,090	88.9%	90.0%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			5,569	95.4%	0	5,569	95.4%	95.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	7,646	47.6%	65,131	46.8%	37,882	110,659	89.2%	90.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	4	1	0	0	5	1	6
45 to 59	3	3	0	0	1	4	0	0	4	7	11
60 to 64	1	6	0	0	1	0	0	0	2	6	8
65 to 74	5	14	0	0	1	1	0	0	5	15	20
75 to 84	26	68	0	0	1	1	0	0	27	69	96
85+	30	141	0	0	0	0	0	0	30	141	171
TOTALS	66	232	0	0	7	7	0	0	73	239	312

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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	20	164	0	0	114	0	298
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	20	178	0	0	114	0	312

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	174	134
Skilled Under 22	0	0
Intermediate DD	0	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	298	0	13	0	311
Race Unknown	0	0	0	0	0
Total	298	0	14	0	312

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	298	0	14	0	312
Ethnicity Unknown	0	0	0	0	0
Total	298	0	14	0	312

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.25
Physicians	1.00
Director of Nursing	3.00
Registered Nurses	14.00
LPN's	39.00
Certified Aides	142.00
Other Health Staff	1.00
Non-Health Staff	162.00
Totals	365.25

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
13.5%	52.1%	0.4%	0.0%	34.0%	100.0%		0.0%
2,498,199	9,637,227	77,254	0	6,301,877	18,514,558	0	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEALTH SERVICE AREA	011
LTC PLANNING AREA	St. Clair
State of Illinois	
TOTAL FACILITIES	25
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	25
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	18
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	5
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	10
FOR PROFIT OWNERSHIP	15

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	7
Chronic Alcoholism	8
Developmentally Disabled	6
Drug Addiction	11
Medicaid Recipient	1
Medicare Recipient	3
Mental Illness	7
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	1
Under 65 Years Old	1
Unable to Self-Medicate	1
Ventilator Dependent	14
Infectious Disease w/ Isolation	4
Other Restrictions	3
No Restrictions	8

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	54
Endocrine/Metabolic	167
Blood Disorders	18
Nervous System Non Alzheimer	77
Alzheimer Disease	288
Mental Illness	237
Developmental Disability	156
Circulatory System	345
Respiratory System	146
Digestive System	62
Genitourinary System Disorders	67
Skin Disorders	21
Musculo-skeletal Disorders	106
Injuries and Poisonings	96
Other Medical Conditions	97
Non-Medical Conditions	14
TOTALS	1,951

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	2,291	2,222	1,934	2,222	1,766	525	970	2003
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	148	156	153	132	143	5		156
Sheltered Care	100	76	50	68	42	58		
TOTAL BEDS	2,539	2,454	2,137	2,422	1,951	588	970	2159

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	1,977
Total Admissions 2007	3,223
Total Discharges 2007	3,249
Residents on 12/31/2007	1,951

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	67,034	18.9%	422,918	57.8%	160,008	649,960	77.7%	80.1%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			51,583	90.6%	340	51,923	96.1%	91.2%
Sheltered Care					15,848	15,848	43.4%	57.1%
TOTALS	67,034	18.9%	474,501	60.2%	176,196	717,731	77.4%	80.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	33	24	0	0	37	28	0	0	70	52	122
45 to 59	103	90	0	0	32	34	0	0	135	124	259
60 to 64	40	41	0	0	2	3	0	0	42	44	86
65 to 74	99	146	0	0	1	4	1	0	102	150	252
75 to 84	167	357	0	0	1	0	3	12	171	369	540
85+	150	516	0	0	0	0	1	25	151	541	692
TOTALS	592	1,174	0	0	74	69	5	37	671	1,280	1,951

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HEALTH SERVICE AREA 011
LTC PLANNING AREA St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	192	1,107	24	63	378	2	1,766
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		142	0	0	1	0	143
Sheltered Care			2	0	40	0	42
TOTALS	192	1,249	26	63	419	2	1,951

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	141	122
Skilled Under 22	0	0
Intermediate DD	129	114
Shelter	88	105

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	2	0	3
Amer. Indian	1	0	0	0	1
Black	470	0	34	1	505
Hawaiian/Pac. Isl.	1	0	1	0	2
White	1,290	0	106	41	1,437
Race Unknown	3	0	0	0	3
Total	1,766	0	143	42	1,951

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	1,655	0	143	29	1,827
Ethnicity Unknown	104	0	0	13	117
Total	1,766	0	143	42	1,951

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	22.50
Physicians	0.00
Director of Nursing	23.00
Registered Nurses	88.10
LPN's	243.03
Certified Aides	741.48
Other Health Staff	131.75
Non-Health Staff	503.33
Totals	1753.19

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
26.4%	45.9%	1.4%	3.6%	22.7%	100.0%		0.1%
25,770,944	44,820,797	1,371,251	3,539,740	22,223,482	97,726,216	88,409	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008