

**CHESTER MENTAL HEALTH CENTER**

POST OFFICE BOX 31  
CHESTER, IL. 62233

**Reference Numbers**

Facility ID 8000002  
Health Service Area 005  
Planning Service Area 157

**Administrator**

Joseph J. Harper

**Contact Person and Telephone**

Mary Green  
618-826-4571 ext.470

**Date Completed** 3/25/2016

**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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>0</b>

**Reported Identified Offenders** 0

**Total Residents Diagnosed as Mentally Ill** 256

**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	ADMISSIONS AND DISCHARGES - 2015	
									Residents on 1/1/2013	
Nursing Care	302	284	260	284	260	42	0	0	254	256
Skilled Under 22	0	0	0	0	0	0		0		240
Intermediate DD	0	0	0	0	0	0		0		270
Sheltered Care	0	0	0	0	0	0				
<b>TOTAL BEDS</b>	<b>302</b>	<b>284</b>	<b>260</b>	<b>284</b>	<b>260</b>	<b>42</b>	<b>0</b>	<b>0</b>		

**FACILITY UTILIZATION - 2015**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	2122	0.0%	0	0	6013	85953	94088	85.4%	90.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>2122</b>	<b>0.0%</b>	<b>0</b>	<b>0</b>	<b>6013</b>	<b>85953</b>	<b>94088</b>	<b>85.4%</b>	<b>90.8%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	162	0	0	0	0	0	0	0	162	0	162
45 to 59	75	0	0	0	0	0	0	0	75	0	75
60 to 64	13	0	0	0	0	0	0	0	13	0	13
65 to 74	9	0	0	0	0	0	0	0	9	0	9
75 to 84	1	0	0	0	0	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>260</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>260</b>	<b>0</b>	<b>260</b>

**CHESTER MENTAL HEALTH CENTER**

POST OFFICE BOX 31  
CHESTER, IL. 62233

**Reference Numbers** Facility ID 8000002

Health Service Area 005 Planning Service Area 157

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	7	0	0	18	235
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
<b>TOTALS</b>	<b>18</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>18</b>	<b>235</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	782	693
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	41	0	0	0	41
Black	20	0	0	0	20
Hawaiian/Pac. Isl.	3	0	0	0	3
White	94	0	0	0	94
Race Unknown	99	0	0	0	99
<b>Total</b>	<b>260</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>260</b>

  

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	258	0	0	0	258
<b>Total</b>	<b>260</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>260</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	5.00
Director of Nursing	0.00
Registered Nurses	52.00
LPN's	7.00
Certified Aides	0.00
Other Health Staff	1.00
Non-Health Staff	424.00
<b>Totals</b>	<b>490.00</b>

**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%	66.9%	0.0%	0.0%	33.1%	100.0%		12336.6%
0	362,900	0	0	179,900	542,800	66,963,109	

\*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

**JACK MABLEY DEVELOPMENTAL CENTER**

1120 WASHINGTON AVE  
DIXON, IL. 61021

**Reference Numbers**

Facility ID 8000012  
Health Service Area 001  
Planning Service Area 103

**Administrator**

Tiffany Bailey

**Contact Person and Telephone**

MELISSA SHAW  
815-288-8337

**Date Completed** 3/30/2016

**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 restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>0</b>

**Reported Identified Offenders** 0

**Total Residents Diagnosed as Mentally Ill** 89

**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	ADMISSIONS AND DISCHARGES - 2015	
									Residents on 1/1/2013	
Nursing Care	0	0	0	0	0	0	0	0	102	
Skilled Under 22	0	0	0	0	0	0		0	6	
Intermediate DD	119	119	105	105	105	14		0	3	
Sheltered Care	0	0	0	0	0	0				
<b>TOTAL BEDS</b>	<b>119</b>	<b>119</b>	<b>105</b>	<b>105</b>	<b>105</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>105</b>	

**FACILITY UTILIZATION - 2015**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			33784	#Div/0!	0	0	0	122	33906	78.1%	78.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>33784</b>	<b>0.0%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>122</b>	<b>33906</b>	<b>78.1%</b>	<b>78.1%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	29	10	0	0	29	10	39
45 to 59	0	0	0	0	36	14	0	0	36	14	50
60 to 64	0	0	0	0	5	2	0	0	5	2	7
65 to 74	0	0	0	0	4	2	0	0	4	2	6
75 to 84	0	0	0	0	1	2	0	0	1	2	3
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>75</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>75</b>	<b>30</b>	<b>105</b>

**JACK MABLEY DEVELOPMENTAL CENTER**

1120 WASHINGTON AVE  
 DIXON, IL. 61021

**Reference Numbers** Facility ID 8000012  
 Health Service Area 001 Planning Service Area 103

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0
ICF/DD		104	0	0	0	105
Sheltered Care			0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>104</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>105</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	782	782
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	10	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	93	0	93
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>105</b>	<b>0</b>	<b>105</b>

  

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	7	0	7
Non-Hispanic	0	0	98	0	98
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>105</b>	<b>0</b>	<b>105</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.00
Physicians	0.53
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	5.00
Certified Aides	0.00
Other Health Staff	146.75
Non-Health Staff	6.80
<b>Totals</b>	<b>174.08</b>

**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%	100.0%	0.0%	0.0%	0.0%	100.0%		0.8%
0	11,699,000	0	0	0	11,699,000	97,478	

\*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

**SHAPIRO MH & DEV CENTER**

100 EAST JEFFERY STREET  
KANKAKEE, IL. 60901

**Reference Numbers**

Facility ID 8000015  
Health Service Area 009  
Planning Service Area 091

**Administrator**

Ira I. Collins

**Contact Person and Telephone**

Lynne C. Gund  
815-939-8298

**Date Completed** 4/1/2016

**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	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

<b>DIAGNOSIS</b>	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>0</b>

**Reported Identified Offenders** 0

**Total Residents Diagnosed as Mentally Ill** 0

**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	ADMISSIONS AND DISCHARGES - 2015	
									Residents on 1/1/2013	
Nursing Care	0	0	0	0	0	0	0	0	504	
Skilled Under 22	0	0	0	0	0	0	0	0	19	
Intermediate DD	800	600	514	600	488	312	0	0	35	
Sheltered Care	0	0	0	0	0	0	0	0	488	
<b>TOTAL BEDS</b>	<b>800</b>	<b>600</b>	<b>514</b>	<b>600</b>	<b>488</b>	<b>312</b>	<b>0</b>	<b>0</b>		

**FACILITY UTILIZATION - 2015**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			177533	#Div/0!	0	0	918	0	178451	61.1%	81.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>177533</b>	<b>0.0%</b>	<b>0</b>	<b>0</b>	<b>918</b>	<b>0</b>	<b>178451</b>	<b>61.1%</b>	<b>81.5%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	92	41	0	0	92	41	133
45 to 59	0	0	0	0	126	49	0	0	126	49	175
60 to 64	0	0	0	0	44	28	0	0	44	28	72
65 to 74	0	0	0	0	53	30	0	0	53	30	83
75 to 84	0	0	0	0	6	13	0	0	6	13	19
85+	0	0	0	0	3	3	0	0	3	3	6
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>324</b>	<b>164</b>	<b>0</b>	<b>0</b>	<b>324</b>	<b>164</b>	<b>488</b>

**SHAPIRO MH & DEV CENTER**

100 EAST JEFFERY STREET  
KANKAKEE, IL. 60901

**Reference Numbers** Facility ID 8000015

Health Service Area 009 Planning Service Area 091

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care					2		
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		486	0	0	0	0	486
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>					<b>2</b>		

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	711	711
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	107	0	107
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	357	0	357
Race Unknown	0	0	22	0	22
<b>Total</b>	<b>0</b>	<b>0</b>	<b>488</b>	<b>0</b>	<b>488</b>

  

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	22	0	22
Non-Hispanic	0	0	466	0	466
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>488</b>	<b>0</b>	<b>488</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	15.00
Physicians	6.60
Director of Nursing	1.00
Registered Nurses	34.00
LPN's	36.00
Certified Aides	740.00
Other Health Staff	128.20
Non-Health Staff	174.00
<b>Totals</b>	<b>1134.80</b>

**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%	92.5%	0.0%	0.0%	7.5%	100.0%		0.0%
0	54,968,000	0	0	4,472,900	59,440,900	0	

\*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

**CHOATE DEVELOPMENTAL CENTER**

1000 NORTH MAIN STREET  
ANNA, IL. 62906

**Reference Numbers**

Facility ID 8000020  
Health Service Area 005  
Planning Service Area 181

**Administrator**

Bryant Davis

**Contact Person and Telephone**

CATHY AKINS  
618-833-5161 Ext. 2200

**Date Completed** 3/31/2016

**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-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>0</b>

**Reported Identified Offenders** 34

**Total Residents Diagnosed as Mentally Ill** 108

**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	ADMISSIONS AND DISCHARGES - 2015	
									Residents on 1/1/2013	
Nursing Care	0	0	0	0	0	0	0	0	167	
Skilled Under 22	0	0	0	0	0	0		0	36	
Intermediate DD	150	171	171	171	171	-21		0	32	
Sheltered Care	0	0	0	0	0	0				171
<b>TOTAL BEDS</b>	<b>150</b>	<b>171</b>	<b>171</b>	<b>171</b>	<b>171</b>	<b>-21</b>	<b>0</b>	<b>0</b>		

**FACILITY UTILIZATION - 2015**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			29292	#Div/0!	28780	0	365	0	58437	106.7%	93.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>29292</b>	<b>0.0%</b>	<b>28780</b>	<b>0</b>	<b>365</b>	<b>0</b>	<b>58437</b>	<b>106.7%</b>	<b>93.6%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	77	14	0	0	77	14	91
45 to 59	0	0	0	0	53	10	0	0	53	10	63
60 to 64	0	0	0	0	5	4	0	0	5	4	9
65 to 74	0	0	0	0	7	0	0	0	7	0	7
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>142</b>	<b>29</b>	<b>0</b>	<b>0</b>	<b>142</b>	<b>29</b>	<b>171</b>

**CHOATE DEVELOPMENTAL CENTER**

1000 NORTH MAIN STREET  
ANNA, IL. 62906

**Reference Numbers** Facility ID 8000020

Health Service Area 005 Planning Service Area 181

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0
ICF/DD		87	83	0	1	171
Sheltered Care			0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>87</b>	<b>83</b>	<b>0</b>	<b>1</b>	<b>171</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	602	602
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	45	0	45
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	126	0	126
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>171</b>	<b>0</b>	<b>171</b>

  

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	9	0	9
Non-Hispanic	0	0	162	0	162
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>171</b>	<b>0</b>	<b>171</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	9.00
Physicians	2.20
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	9.00
Certified Aides	0.00
Other Health Staff	300.00
Non-Health Staff	96.00
<b>Totals</b>	<b>436.20</b>

**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%	16.4%	80.0%	0.0%	3.6%	100.0%		0.0%
0	3,549,400	17,312,300	0	773,600	21,635,300	0	

\*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.



**KILEY DEVELOPMENTAL CENTER**

1401 WEST DUGDALE  
WAUKEGAN, IL. 60085

**Reference Numbers**

Facility ID 8000008  
Health Service Area 008  
Planning Service Area 097

**Administrator**

Kimberly Kilpatrick

**Contact Person and Telephone**

Rebecca Hall  
(847) 249-0600 Ext 602

**Date Completed** 3/28/2016

**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-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>0</b>

**Reported Identified Offenders** 0

**Total Residents Diagnosed as Mentally Ill** 83

**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	ADMISSIONS AND DISCHARGES - 2015	
									Residents on 1/1/2013	
Nursing Care	0	0	0	0	0	0	0	0	188	
Skilled Under 22	0	0	0	0	0	0		0	11	
Intermediate DD	480	191	191	191	190	290		0	9	
Sheltered Care	0	0	0	0	0	0				190
<b>TOTAL BEDS</b>	<b>480</b>	<b>191</b>	<b>191</b>	<b>191</b>	<b>190</b>	<b>290</b>	<b>0</b>	<b>0</b>		

**FACILITY UTILIZATION - 2015**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			57819	#Div/0!	0	0	0	0	57819	33.0%	82.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>57819</b>	<b>0.0%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>57819</b>	<b>33.0%</b>	<b>82.9%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	25	15	0	0	25	15	40
45 to 59	0	0	0	0	77	28	0	0	77	28	105
60 to 64	0	0	0	0	14	6	0	0	14	6	20
65 to 74	0	0	0	0	9	8	0	0	9	8	17
75 to 84	0	0	0	0	5	2	0	0	5	2	7
85+	0	0	0	0	1	0	0	0	1	0	1
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>131</b>	<b>59</b>	<b>0</b>	<b>0</b>	<b>131</b>	<b>59</b>	<b>190</b>

**KILEY DEVELOPMENTAL CENTER**

1401 WEST DUGDALE  
 WAUKEGAN, IL. 60085

**Reference Numbers** Facility ID 8000008  
 Health Service Area 008 Planning Service Area 097

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0
ICF/DD		190	0	0	0	190
Sheltered Care			0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>190</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>190</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	799
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	24	0	24
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	164	0	164
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>190</b>	<b>0</b>	<b>190</b>

  

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	14	0	14
Non-Hispanic	0	0	176	0	176
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>190</b>	<b>0</b>	<b>190</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	43.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	16.00
Certified Aides	0.00
Other Health Staff	10.00
Non-Health Staff	391.00
<b>Totals</b>	<b>469.00</b>

**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%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	33,473,200	0	0	0	33,473,200	0	

\*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

**LUDEMAN DEVELOPMENTAL CENTER**

114 NORTH ORCHARD DRIVE  
PARK FOREST, IL. 60466

**Reference Numbers**

Facility ID 8000010  
Health Service Area 007  
Planning Service Area 705

**Administrator**

Glenda Corbett

**Contact Person and Telephone**

JACKIE AMELSE  
708-283-3162

**Date Completed** 3/28/2016

**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	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>0</b>

**Reported Identified Offenders** 0

**Total Residents Diagnosed as Mentally Ill** 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	ADMISSIONS AND DISCHARGES - 2015	
									Residents on 1/1/2013	
Nursing Care	0	0	0	0	0	0	0	0	405	
Skilled Under 22	0	0	0	0	0	0	0	0	11	
Intermediate DD	420	410	406	400	396	24	0	0	20	
Sheltered Care	0	0	0	0	0	0	0	0	396	
<b>TOTAL BEDS</b>	<b>420</b>	<b>410</b>	<b>406</b>	<b>400</b>	<b>396</b>	<b>24</b>	<b>0</b>	<b>0</b>		

**FACILITY UTILIZATION - 2015**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			138793	#Div/0!	6935	0	0	0	145728	95.1%	97.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>138793</b>	<b>0.0%</b>	<b>6935</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>145728</b>	<b>95.1%</b>	<b>97.4%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	74	39	0	0	74	39	113
45 to 59	0	0	0	0	163	66	0	0	163	66	229
60 to 64	0	0	0	0	21	16	0	0	21	16	37
65 to 74	0	0	0	0	8	8	0	0	8	8	16
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>267</b>	<b>129</b>	<b>0</b>	<b>0</b>	<b>267</b>	<b>129</b>	<b>396</b>

**LUDEMAN DEVELOPMENTAL CENTER**

114 NORTH ORCHARD DRIVE  
 PARK FOREST, IL. 60466

**Reference Numbers** Facility ID 8000010

Health Service Area 007 Planning Service Area 705

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0
ICF/DD		377	19	0	0	396
Sheltered Care			0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>377</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>396</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	645	645
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	3	0	3
Amer. Indian	0	0	0	0	0
Black	0	0	157	0	157
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	236	0	236
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>396</b>	<b>0</b>	<b>396</b>

  

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	21	0	21
Non-Hispanic	0	0	375	0	375
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>396</b>	<b>0</b>	<b>396</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.00
Physicians	6.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	20.00
Certified Aides	500.00
Other Health Staff	5.00
Non-Health Staff	171.00
<b>Totals</b>	<b>738.00</b>

**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%	93.7%	6.3%	0.0%	0.0%	100.0%		0.0%
0	45,508,900	3,052,500	0	0	48,561,400	0	

\*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

**FOX DEVELOPMENTAL CENTER**

134 WEST MAIN STREET  
DWIGHT, IL. 60420

**Reference Numbers**

Facility ID 8000006  
Health Service Area 004  
Planning Service Area 105

**Administrator**

Lana Waselewski

**Contact Person and Telephone**

Lana Waselewski  
(815)584-3347 ext. 227

**Date Completed** 3/28/2016

**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	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 restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>0</b>

**Reported Identified Offenders** 0

**Total Residents Diagnosed as Mentally Ill** 25

**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	ADMISSIONS AND DISCHARGES - 2015	
									Residents on 1/1/2013	
Nursing Care	0	0	0	0	0	0	0	0	110	
Skilled Under 22	0	0	0	0	0	0		0	1	
Intermediate DD	167	110	110	107	107	60		0	4	
Sheltered Care	0	0	0	0	0	0				107
<b>TOTAL BEDS</b>	<b>167</b>	<b>110</b>	<b>110</b>	<b>107</b>	<b>107</b>	<b>60</b>	<b>0</b>	<b>0</b>		

**FACILITY UTILIZATION - 2015**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			37983	#Div/0!	37971	0	0	0	75954	124.6%	189.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>37983</b>	<b>0.0%</b>	<b>37971</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>75954</b>	<b>124.6%</b>	<b>189.2%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	10	0	0	6	10	16
45 to 59	0	0	0	0	48	30	0	0	48	30	78
60 to 64	0	0	0	0	1	5	0	0	1	5	6
65 to 74	0	0	0	0	3	3	0	0	3	3	6
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>58</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>58</b>	<b>49</b>	<b>107</b>

**FOX DEVELOPMENTAL CENTER**

134 WEST MAIN STREET  
 DWIGHT, IL. 60420

**Reference Numbers** Facility ID 8000006

Health Service Area 004 Planning Service Area 105

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0
ICF/DD		107	0	0	0	107
Sheltered Care			0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>107</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>107</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	799	799
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	11	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	94	0	94
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>107</b>	<b>0</b>	<b>107</b>

  

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	103	0	103
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>107</b>	<b>0</b>	<b>107</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	10.00
Certified Aides	138.00
Other Health Staff	21.00
Non-Health Staff	70.00
<b>Totals</b>	<b>267.00</b>

**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%	92.6%	7.4%	0.0%	0.0%	100.0%		0.0%
0	15,416	1,225	0	0	16,641	0	

\*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

**CHICAGO-READ MENTAL HEALTH CTR**

4200 NORTH OAK PARK AVENUE  
CHICAGO, IL. 60634

**Reference Numbers**

Facility ID 8000003  
Health Service Area 006  
Planning Service Area 602

**Administrator**

Denise Blumenthal

**Contact Person and Telephone**

Amy Toombs  
(773) 794-4068

**Date Completed** 4/1/2016

**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	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>0</b>

**Reported Identified Offenders** 11

**Total Residents Diagnosed as Mentally Ill** 108

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

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2015	
		BEDS SET-UP	BEDS USED						Residents on 1/1/2013	
Nursing Care	148	124	118	124	108	40	0	0	Residents on 1/1/2013	115
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	628
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	635
Sheltered Care	0	0	0	0	0	0		0	Residents on 12/31/2013	108
<b>TOTAL BEDS</b>	<b>148</b>	<b>124</b>	<b>118</b>	<b>124</b>	<b>108</b>	<b>40</b>	<b>0</b>	<b>0</b>		

**FACILITY UTILIZATION - 2015**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up
Nursing Care	45	0.0%	343	0.0%	0	0	3251	0	3639	6.7%	8.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>45</b>	<b>0.0%</b>	<b>343</b>	<b>0.0%</b>	<b>0</b>	<b>0</b>	<b>3251</b>	<b>0</b>	<b>3639</b>	<b>6.7%</b>	<b>8.0%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	43	15	0	0	0	0	0	0	43	15	58
45 to 59	28	9	0	0	0	0	0	0	28	9	37
60 to 64	8	0	0	0	0	0	0	0	8	0	8
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	0	1	0	0	0	0	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>82</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>82</b>	<b>26</b>	<b>108</b>

**CHICAGO-READ MENTAL HEALTH CTR**

4200 NORTH OAK PARK AVENUE  
 CHICAGO, IL. 60634

**Reference Numbers** Facility ID 8000003

Health Service Area 006 Planning Service Area 602

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	2	0	0	97	108
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
<b>TOTALS</b>	<b>9</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>97</b>	<b>108</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	782
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	47	0	0	0	47
Hawaiian/Pac. Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	23	0	0	0	23
<b>Total</b>	<b>108</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>108</b>

  

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	17	0	0	0	17
<b>Total</b>	<b>108</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>108</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	16.00
Physicians	13.00
Director of Nursing	1.00
Registered Nurses	65.00
LPN's	3.00
Certified Aides	0.00
Other Health Staff	103.00
Non-Health Staff	81.00
<b>Totals</b>	<b>282.00</b>

**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
15.2%	78.9%	0.0%	0.0%	5.8%	100.0%		0.0%
268,300	1,388,400	0	0	102,900	1,759,600	0	

\*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.



**ALTON MENTAL HEALTH CENTER**

4500 COLLEGE AVENUE  
ALTON, IL. 62002

**Reference Numbers**

Facility ID 8000001  
Health Service Area 011  
Planning Service Area 119

**Administrator**

Anita Bazile-Sawyer, Ph.D.

**Contact Person and Telephone**

Anita Bazile-Sawyer, Ph.D.  
618-474-3861

**Date Completed** 3/29/2016

**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-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>0</b>

**Reported Identified Offenders** 0

**Total Residents Diagnosed as Mentally Ill** 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2015	
		BEDS SET-UP	BEDS USED						Residents on 1/1/2013	Total Admissions 2013
Nursing Care	125	125	125	125	121	4	0	0	120	121
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
<b>TOTAL BEDS</b>	<b>125</b>	<b>125</b>	<b>125</b>	<b>125</b>	<b>121</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>120</b>	<b>121</b>

**FACILITY UTILIZATION - 2015**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	115	0.0%	192	0.0%	42566	51	832	0	43756	95.9%	95.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>115</b>	<b>0.0%</b>	<b>192</b>	<b>0.0%</b>	<b>42566</b>	<b>51</b>	<b>832</b>	<b>0</b>	<b>43756</b>	<b>95.9%</b>	<b>95.9%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	51	24	0	0	0	0	0	0	51	24	75
45 to 59	30	7	0	0	0	0	0	0	30	7	37
60 to 64	4	0	0	0	0	0	0	0	4	0	4
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>88</b>	<b>33</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>88</b>	<b>33</b>	<b>121</b>

**ALTON MENTAL HEALTH CENTER**

4500 COLLEGE AVENUE  
ALTON, IL. 62002

**Reference Numbers** Facility ID 8000001

Health Service Area 011 Planning Service Area 119

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	121	0	0	121
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>121</b>	<b>0</b>	<b>0</b>	<b>121</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	783	783
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	59	0	0	0	59
Hawaiian/Pac. Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	3	0	0	0	3
<b>Total</b>	<b>121</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>121</b>

  

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	118	0	0	0	118
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>121</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>121</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	16.00
Physicians	7.00
Director of Nursing	1.00
Registered Nurses	33.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	109.00
Non-Health Staff	70.00
<b>Totals</b>	<b>236.00</b>

**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
0.4%	0.4%	99.0%	0.0%	0.2%	100.0%		0.0%
100,200	89,500	24,101,400	1,700	49,200	24,342,000	0	

\*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

**MCFARLAND MENTAL HEALTH CENTER**

901 SOUTHWIND ROAD  
 SPRINGFIELD, IL. 62703

**Reference Numbers**

Facility ID 8000011  
 Health Service Area 003  
 Planning Service Area 167

**Administrator**

Greg Donathan

**Contact Person and Telephone**

Greg Donathan  
 217-786-6994

**Date Completed** 3/22/2016

**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	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>0</b>

**Reported Identified Offenders** 0

**Total Residents Diagnosed as Mentally Ill** 137

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

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2015	
		BEDS SET-UP	BEDS USED						Residents on 1/1/2013	
Nursing Care	146	138	138	137	137	9	0	0	Residents on 1/1/2013	131
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2013	347
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2013	341
Sheltered Care	0	0	0	0	0	0		0	Residents on 12/31/2013	137
<b>TOTAL BEDS</b>	<b>146</b>	<b>138</b>	<b>138</b>	<b>137</b>	<b>137</b>	<b>9</b>	<b>0</b>	<b>0</b>		

**FACILITY UTILIZATION - 2015**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up
Nursing Care	2101	0.0%	323	0.0%	41947	0	4984	0	49355	92.6%	98.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>2101</b>	<b>0.0%</b>	<b>323</b>	<b>0.0%</b>	<b>41947</b>	<b>0</b>	<b>4984</b>	<b>0</b>	<b>49355</b>	<b>92.6%</b>	<b>98.0%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	51	26	0	0	0	0	0	0	51	26	77
45 to 59	30	13	0	0	0	0	0	0	30	13	43
60 to 64	6	6	0	0	0	0	0	0	6	6	12
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	1	0	0	0	0	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>91</b>	<b>46</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>91</b>	<b>46</b>	<b>137</b>

**MCFARLAND MENTAL HEALTH CENTER**

901 SOUTHWIND ROAD  
 SPRINGFIELD, IL. 62703

**Reference Numbers** Facility ID 8000011

Health Service Area 003 Planning Service Area 167

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	56	3	75	3	0	137
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
<b>TOTALS</b>	<b>56</b>	<b>3</b>	<b>75</b>	<b>3</b>	<b>0</b>	<b>137</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	782	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	41	0	0	0	41
Hawaiian/Pac. Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	5	0	0	0	5
<b>Total</b>	<b>137</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>137</b>

  

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	137	0	0	0	137
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>137</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>137</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	20.00
Physicians	9.40
Director of Nursing	2.00
Registered Nurses	39.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	104.00
Non-Health Staff	59.00
<b>Totals</b>	<b>233.40</b>

**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
56.3%	30.7%	0.0%	1.5%	11.5%	100.0%		0.0%
647,600	353,800	0	16,900	132,700	1,151,000	0	

\*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

**CHOATE MENTAL HEALTH CENTER**

1000 MAIN STREET  
ANNA, IL. 62906

**Reference Numbers**

Facility ID 8000004  
Health Service Area 005  
Planning Service Area 181

**Administrator**

Linda Parsons

**Contact Person and Telephone**

Tracy Rendleman  
618-833-5161 ext. 2203

**Date Completed** 3/16/2016

**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	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>0</b>

**Reported Identified Offenders** 0

**Total Residents Diagnosed as Mentally Ill** 0

**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	ADMISSIONS AND DISCHARGES - 2015	
									Residents on 1/1/2013	
Nursing Care	79	88	75	40	40	39	0	0	62	
Skilled Under 22	0	0	0	0	0	0		0	136	
Intermediate DD	0	0	0	0	0	0		0	158	
Sheltered Care	0	0	0	0	0	0		0	40	
<b>TOTAL BEDS</b>	<b>79</b>	<b>88</b>	<b>75</b>	<b>40</b>	<b>40</b>	<b>39</b>	<b>0</b>	<b>0</b>		

**FACILITY UTILIZATION - 2015**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	786	0.0%	28	0.0%	20029	0	0	0	20843	72.3%	64.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>786</b>	<b>0.0%</b>	<b>28</b>	<b>0.0%</b>	<b>20029</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20843</b>	<b>72.3%</b>	<b>64.9%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	14	1	0	0	0	0	0	0	14	1	15
45 to 59	11	7	0	0	0	0	0	0	11	7	18
60 to 64	4	0	0	0	0	0	0	0	4	0	4
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>30</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>30</b>	<b>10</b>	<b>40</b>

**CHOATE MENTAL HEALTH CENTER**

1000 MAIN STREET  
ANNA, IL. 62906

**Reference Numbers** Facility ID 8000004

Health Service Area 005 Planning Service Area 181

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	1	19	0	0	20
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>1</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>20</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	782	782
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>40</b>

  

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	40	0	0	0	40
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>40</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	11.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	78.00
Non-Health Staff	20.00
<b>Totals</b>	<b>134.00</b>

**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%	42.6%	57.4%	0.0%	0.0%	100.0%		0.0%
0	397,800	535,500	0	0	933,300	0	

\*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

**ELGIN MENTAL HEALTH CENTER**

750 SOUTH STATE STREET  
ELGIN, IL. 60123

**Reference Numbers**

Facility ID 8000005  
Health Service Area 008  
Planning Service Area 089

**Administrator**

Meredith Kiss

**Contact Person and Telephone**

Ann Boisclair  
847-742-1040 X2032

**Date Completed** 3/10/2016

**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-Medicat	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>0</b>

**Reported Identified Offenders** 247

**Total Residents Diagnosed as Mentally Ill** 393

**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	ADMISSIONS AND DISCHARGES - 2015	
									Residents on 1/1/2013	
Nursing Care	419	419	409	419	393	26	0	0	382	
Skilled Under 22	0	0	0	0	0	0		0	822	
Intermediate DD	0	0	0	0	0	0		0	811	
Sheltered Care	0	0	0	0	0	0		0	393	
<b>TOTAL BEDS</b>	<b>419</b>	<b>419</b>	<b>409</b>	<b>419</b>	<b>393</b>	<b>26</b>	<b>0</b>	<b>0</b>		

**FACILITY UTILIZATION - 2015**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up
Nursing Care	115	0.0%	2596	0.0%	142331	0	24	0	145066	94.9%	94.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>115</b>	<b>0.0%</b>	<b>2596</b>	<b>0.0%</b>	<b>142331</b>	<b>0</b>	<b>24</b>	<b>0</b>	<b>145066</b>	<b>94.9%</b>	<b>94.9%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	161	42	0	0	0	0	0	0	161	42	203
45 to 59	103	25	0	0	0	0	0	0	103	25	128
60 to 64	18	10	0	0	0	0	0	0	18	10	28
65 to 74	18	7	0	0	0	0	0	0	18	7	25
75 to 84	9	0	0	0	0	0	0	0	9	0	9
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>309</b>	<b>84</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>309</b>	<b>84</b>	<b>393</b>

**ELGIN MENTAL HEALTH CENTER**

750 SOUTH STATE STREET  
 ELGIN, IL. 60123

**Reference Numbers** Facility ID 8000005

Health Service Area 008 Planning Service Area 089

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	393	0	0	393
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>393</b>	<b>0</b>	<b>0</b>	<b>393</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	782	782
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	10	0	0	0	10
Amer. Indian	1	0	0	0	1
Black	199	0	0	0	199
Hawaiian/Pac. Isl.	1	0	0	0	1
White	134	0	0	0	134
Race Unknown	48	0	0	0	48
<b>Total</b>	<b>393</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>393</b>

  

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	46	0	0	0	46
Non-Hispanic	346	0	0	0	346
Ethnicity Unknown	1	0	0	0	1
<b>Total</b>	<b>393</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>393</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	27.90
Physicians	34.30
Director of Nursing	3.00
Registered Nurses	133.70
LPN's	0.00
Certified Aides	0.00
Other Health Staff	331.70
Non-Health Staff	185.50
<b>Totals</b>	<b>716.10</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
1.9%	97.9%	0.0%	0.0%	0.2%	100.0%		0.0%
452,000	23,406,600	0	0	47,500	23,906,100	0	

\*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.



**MADDEN MENTAL HEALTH CENTER**

1200 SOUTH FIRST AVENUE  
HINES, IL. 60141

**Reference Numbers**

Facility ID 8000013  
Health Service Area 007  
Planning Service Area 704

**Administrator**

Robert Hittmeier

**Contact Person and Telephone**

Robert Hittmeier  
708 338 7249

**Date Completed** 3/8/2016

**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	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>0</b>

**Reported Identified Offenders** 0

**Total Residents Diagnosed as Mentally Ill** 107

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

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2015	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2013	Total Admissions 2013
Nursing Care	173	156	150	156	107	66	0	0	128
Skilled Under 22	0	0	0	0	0	0	0	0	2821
Intermediate DD	0	0	0	0	0	0	0	0	2833
Sheltered Care	0	0	0	0	0	0	0	0	116
<b>TOTAL BEDS</b>	<b>173</b>	<b>156</b>	<b>150</b>	<b>156</b>	<b>107</b>	<b>66</b>	<b>0</b>	<b>0</b>	

**FACILITY UTILIZATION - 2015**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	272	0.0%	1516	0.0%	0	0	987	0	2775	4.4%	4.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>272</b>	<b>0.0%</b>	<b>1516</b>	<b>0.0%</b>	<b>0</b>	<b>0</b>	<b>987</b>	<b>0</b>	<b>2775</b>	<b>4.4%</b>	<b>4.9%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	61	20	0	0	0	0	0	0	61	20	81
45 to 59	13	10	0	0	0	0	0	0	13	10	23
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>75</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>75</b>	<b>32</b>	<b>107</b>

**MADDEN MENTAL HEALTH CENTER**

1200 SOUTH FIRST AVENUE  
HINES, IL. 60141

**Reference Numbers** Facility ID 8000013  
Health Service Area 007 Planning Service Area 704

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	12	100	0	0	116
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
<b>TOTALS</b>	<b>4</b>	<b>12</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>116</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	782	782
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	55	0	0	0	55
Hawaiian/Pac. Isl.	0	0	0	0	0
White	25	0	0	0	25
Race Unknown	25	0	0	0	25
<b>Total</b>	<b>107</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>107</b>

  

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	25	0	0	0	25
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	82	0	0	0	82
<b>Total</b>	<b>107</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>107</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	20.00
Physicians	24.00
Director of Nursing	1.00
Registered Nurses	67.50
LPN's	4.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	181.20
<b>Totals</b>	<b>297.70</b>

**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
5.5%	28.4%	65.5%	0.0%	0.7%	100.0%		0.0%
137,100	711,900	1,642,200	0	17,700	2,508,900	0	

\*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.