ADDOLORATA VILLA
555 MCHENRY ROAD
Wheeling, IL. 60090

Reference Numbers

Facility ID	6000046	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Wheeling Township

Administrator
ALPANA PATEL

Contact Person and Telephone
ALPANA PATEL
847-403-5567

Registered Agent Information
CT CORPORATION
208 SOUTH LASELLE STREET
CHICAGO, IL 60604

Date Questionnaire Completed 3/15/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	91
Total Admissions 2017	199
Total Discharges 2017	199
Residents on 12/31/2017	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	9
Developmental Disability	0
Circulatory System	29
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	3
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	93	98	75	23	88	30
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	31	17	31	16	-16		
TOTAL BEDS	98	129	110	129	91	7	88	30

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3665	11.4%	6819	62.3%	0	782	24123	365	35754	100.0%	100.0%
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	4245	1184	5429	0.0%	48.0%
TOTALS	3665	11.4%	6819	62.3%	0	782	28368	1549	41183	115.1%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	1	2	2	4
75 to 84	5	11	0	0	0	0	3	3	8	14	22
85+	12	43	0	0	0	0	1	8	13	51	64
TOTALS	20	55	0	0	0	0	4	12	24	67	91

ADDOLORATA VILLA
555 MCHENRY ROAD
Wheeling, IL. 60090

Classification Numbers

Facility ID	6000046	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Wheeling Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	19	0	0	45	1	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	12	4	16
TOTALS	10	19	0	0	57	5	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	16	90
Race Unknown	0	0	0	0	0
Total	75	0	0	16	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	1	2
Non-Hispanic	74	0	0	15	89
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	16	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	28.00
LPN's	6.00
Certified Aides	51.00
Other Health Staff	19.00
Non-Health Staff	104.00
Totals	210.00

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
25.4%	10.0%	0.0%	4.2%	60.4%	100.0%		
2,484,215	978,516	0	408,990	5,910,001	9,781,722	355,864	3.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Adloff Place
50 Adloff Lane
Springfield, IL. 62703

Reference Numbers

Facility ID	6013445	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Dawn Blisset

Contact Person and Telephone
Russell Bogdanovich
217-553-0051

Registered Agent Information
CT Corporation System
208 South LaSalle St Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/16/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	2
Total Discharges 2017	1
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	5	0	0	3	5	8
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Adloff Place
50 Adloff Lane
Springfield, IL. 62703

Classification Numbers

Facility ID	6013445	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.33
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.33
LPN's	0.25
Certified Aides	11.25
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	12.16

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	740,397	0	0	0	740,397	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ADMIRAL AT THE LAKE
933 WEST FOSTER AVENUE
Chicago, IL. 60640

Reference Numbers

Facility ID	6016406	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

Administrator
Chaim Dubovick

Contact Person and Telephone
Chaim Dubovick
773-654-5121

Registered Agent Information
Glenn Brichacek
929 West Foster
Chicago, IL 60640

Date Questionnaire Completed 4/13/2018

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	32
Total Admissions 2017	67
Total Discharges 2017	66
Residents on 12/31/2017	33

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	6
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	33

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	36	36	36	36	33	3	36	0
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	36	36	36	36	33	3	36	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1041	7.9%	0	0.0%	0	449	9356	1460	12306	93.7%	93.7%
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%
TOTALS	1041	7.9%	0	0.0%	0	449	9356	1460	12306	93.7%	93.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	4	4	0	0	0	0	0	0	4	4	8
85+	5	18	0	0	0	0	0	0	5	18	23
TOTALS	10	23	0	0	0	0	0	0	10	23	33

ADMIRAL AT THE LAKE
933 WEST FOSTER AVENUE
Chicago, IL. 60640

Classification Numbers

Facility ID	6016406	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	0	0	0	27	4	33
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	0	0	0	27	4	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	30	0	0	0	30
Race Unknown	0	0	0	0	0
Total	33	0	0	0	33

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	33	0	0	0	33
Ethnicity Unknown	0	0	0	0	0
Total	33	0	0	0	33

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	4.25
Certified Aides	24.00
Other Health Staff	2.00
Non-Health Staff	10.00
Totals	49.25

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
11.9%	0.0%	0.0%	11.1%	77.0%	100.0%		
483,676	0	0	449,314	3,126,904	4,059,894	238,924	5.9%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALBANY CARE
901 MAPLE
Evanston, IL. 60077

Reference Numbers

Facility ID	6007959	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

Administrator
DENNIS TOSSI

Contact Person and Telephone
DENNIS TOSSI
847-475-4000

Registered Agent Information
THOMAS WINTER
6840 N LINCOLN

Date Questionnaire Completed 3/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	317
Total Admissions 2017	127
Total Discharges 2017	116
Residents on 12/31/2017	328

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	328
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
TOTALS	328

Total Residents Diagnosed as Mentally Ill 328

Total Residents Reported as Identified Offenders 39

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	417	417	336	417	328	89	0	417
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	417	336	417	328	89	0	417

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	116583	76.6%	0	0	1168	0	117751	77.4%	77.4%
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%
TOTALS	0	0.0%	116583	76.6%	0	0	1168	0	117751	77.4%	77.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	60	19	0	0	0	0	0	0	60	19	79
45 to 59	81	54	0	0	0	0	0	0	81	54	135
60 to 64	33	14	0	0	0	0	0	0	33	14	47
65 to 74	28	31	0	0	0	0	0	0	28	31	59
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	205	123	0	0	0	0	0	0	205	123	328

ALBANY CARE
901 MAPLE
Evanston, IL. 60077

Classification Numbers

Facility ID	6007959	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	325	0	3	0	0	328
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	325	0	3	0	0	328

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	1	0	0	0	1
Black	85	0	0	0	85
Hawaiian/Pacific Isl.	0	0	0	0	0
White	233	0	0	0	233
Race Unknown	3	0	0	0	3
Total	328	0	0	0	328

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	311	0	0	0	311
Ethnicity Unknown	0	0	0	0	0
Total	328	0	0	0	328

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	18.00
Certified Aides	37.00
Other Health Staff	46.00
Non-Health Staff	34.00
Totals	141.00

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
0.0%	76.1%	0.0%	0.0%	23.9%	100.0%		
0	9,598,290	0	0	3,017,681	12,615,971	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

A Merkle C Knipprath
1190 E 2900 N Rd
Clifton, IL. 60901

Reference Numbers

Facility ID	6000012	
Health Service Area	004	
Planning Service Area	075	Iroquois
County	075	Iroquois County

Administrator
Karen Grillion

Contact Person and Telephone
Karen Grillion
815-694-2306

Registered Agent Information
Kathleen Cronin
18927 Hickory Creek Dr. Suite 300
Mokena, IL 60448

Date Questionnaire Completed 4/13/2018

Continuing Care Retirement Community

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	58
Total Admissions 2017	68
Total Discharges 2017	64
Residents on 12/31/2017	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	1
TOTALS	62

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	63	99	62	37	99	99
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	99	99	63	99	62	37	99	99

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2042	5.7%	10439	28.9%	0	19	7428	719	20647	57.1%	57.1%
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%
TOTALS	2042	5.7%	10439	28.9%	0	19	7428	719	20647	57.1%	57.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	5	0	5
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	7	7	0	0	0	0	0	0	7	7	14
85+	3	30	0	0	0	0	0	0	3	30	33
TOTALS	17	45	0	0	0	0	0	0	17	45	62

A Merkle C Knipprath
1190 E 2900 N Rd
Clifton, IL. 60901

Classification Numbers

Facility ID	6000012	
Health Service Area	004	
Planning Service Area	075	Iroquois
County	075	Iroquois County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	33	0	21	0	4	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	33	0	21	0	4	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	2	0	0	0	2
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	1	0	0	0	1
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	1	0	0	0	1
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.54
LPN's	7.88
Certified Aides	20.41
Other Health Staff	0.36
Non-Health Staff	19.98
Totals	58.17

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
33.1%	36.3%	0.0%	0.8%	29.8%	100.0%		
1,401,871	1,537,759	0	33,572	1,265,097	4,238,299	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ABBINGTON REHAB & NURSING CTR
31 WEST CENTRAL AVENUE
Roselle, IL. 60172

Reference Numbers

Facility ID	6000020	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

Administrator
Janet Cantelo

Contact Person and Telephone
Janet Cantelo
630-894-5058

Registered Agent Information
M.S. Registered Agent Service
191 North Wacker Suite 1800
Chicago, IL 60606

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	73
Total Admissions 2017	44
Total Discharges 2017	45
Residents on 12/31/2017	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	6
Mental Illness	3
Developmental Disability	0
Circulatory System	15
Respiratory System	10
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 7

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	82	82	72	82	72	10	19	74
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	82	82	72	82	72	10	19	74

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	751	10.8%	22220	82.3%	0	0	1213	0	24184	80.8%	80.8%
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%
TOTALS	751	10.8%	22220	82.3%	0	0	1213	0	24184	80.8%	80.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	2	0	0	0	0	0	0	1	2	3
45 to 59	8	8	0	0	0	0	0	0	8	8	16
60 to 64	5	6	0	0	0	0	0	0	5	6	11
65 to 74	2	14	0	0	0	0	0	0	2	14	16
75 to 84	4	13	0	0	0	0	0	0	4	13	17
85+	2	7	0	0	0	0	0	0	2	7	9
TOTALS	22	50	0	0	0	0	0	0	22	50	72

ABBINGTON REHAB & NURSING CTR
31 WEST CENTRAL AVENUE
Roselle, IL. 60172

Classification Numbers

Facility ID	6000020	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	67	0	0	3	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	67	0	0	3	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	5.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	64.00

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
6.5%	87.9%	0.0%	0.0%	5.7%	100.0%		
252,224	3,435,098	0	0	221,365	3,908,687	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ABBOTT HOUSE LLC
405 CENTRAL AVENUE
Highland Park, IL. 60035

Reference Numbers

Facility ID	6000038	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Ivy Fishman

Contact Person and Telephone
Ivy Fishman
847-432-6080

Registered Agent Information
ABH Management
PO Box 1275
Highland Park, IL 60035

Date Questionnaire Completed 4/26/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
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	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	103
Total Admissions 2017	26
Total Discharges 2017	28
Residents on 12/31/2017	101

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	101
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
TOTALS	101

Total Residents Diagnosed as Mentally Ill 101

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	106	106	106	106	101	5	0	106
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	106	106	106	106	101	5	0	106

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	34811	90.0%	284	0	2075	0	37170	96.1%	96.1%
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%
TOTALS	0	0.0%	34811	90.0%	284	0	2075	0	37170	96.1%	96.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	18	13	0	0	0	0	0	0	18	13	31
45 to 59	14	17	0	0	0	0	0	0	14	17	31
60 to 64	6	12	0	0	0	0	0	0	6	12	18
65 to 74	14	7	0	0	0	0	0	0	14	7	21
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
TOTALS	52	49	0	0	0	0	0	0	52	49	101

ABBOTT HOUSE LLC
405 CENTRAL AVENUE
Highland Park, IL. 60035

Classification Numbers

Facility ID	6000038	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	97	0	0	4	0	101
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	97	0	0	4	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	4.00
Certified Aides	11.00
Other Health Staff	5.00
Non-Health Staff	25.00
Totals	50.00

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
0.0%	89.3%	0.9%	0.0%	9.8%	100.0%		
0	4,135,295	39,871	0	454,147	4,629,313	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aberdeen Terrace
4029 Aberdeen
Alton, IL. 62002

Reference Numbers

Facility ID	6013932	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Theresa Schulte

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	4
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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
TOTALS	4

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1414	96.8%	0	0	0	0	1414	96.8%	96.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1414	96.8%	0	0	0	0	1414	96.8%	96.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	4	0	0	0	4	0	4

Aberdeen Terrace
4029 Aberdeen
Alton, IL. 62002

Classification Numbers

Facility ID	6013932	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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
0.0%	95.3%	1.3%	0.0%	3.4%	100.0%		
0	309,559	4,214	0	11,161	324,934	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Accolade Healthcare of Paxton
1241 N. Market Street
Paxton, IL. 60957

Reference Numbers

Facility ID	6003206	
Health Service Area	004	
Planning Service Area	053	Ford
County	053	Ford County

Administrator
Andrea Jacobs

Contact Person and Telephone
Andrea Jacobs
217-379-4896

Registered Agent Information
Inc. Registered Agents
1900 E. Gold Rd., Ste. 950 A
Schamburg, IL 60173

Date Questionnaire Completed 3/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	58
Total Admissions 2017	40
Total Discharges 2017	40
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	1
Mental Illness	8
Developmental Disability	0
Circulatory System	15
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	4
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	58

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 8

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	76	0	0	68	58	18	58	76
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	76	0	0	68	58	18	58	76

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	5	5	0	0	0	0	0	0	5	5	10
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	6	7	0	0	0	0	0	0	6	7	13
85+	3	13	0	0	0	0	0	0	3	13	16
TOTALS	26	32	0	0	0	0	0	0	26	32	58

Accolade Healthcare of Paxton
1241 N. Market Street
Paxton, IL. 60957

Classification Numbers

Facility ID	6003206	
Health Service Area	004	
Planning Service Area	053	Ford
County	053	Ford County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	47	0	0	5	0	58
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	47	0	0	5	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	58	0	0	0	58

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	5.00
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	8.00
Totals	41.00

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
22.1%	50.6%	0.0%	1.3%	26.0%	100.0%		
349,622	801,599	0	20,487	412,051	1,583,759	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Accolade Healthcare of Pontiac
300 W Lowell Ave
Pontiac, IL. 61764

Reference Numbers

Facility ID	6004642	
Health Service Area	004	
Planning Service Area	105	Livingston
County	105	Livingston County

Administrator
Lisa A. Helms

Contact Person and Telephone
Marc Zuravin
815-842-1181

Registered Agent Information

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	70
Total Admissions 2017	131
Total Discharges 2017	131
Residents on 12/31/2017	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	0
Circulatory System	18
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	4
Non-Medical Conditions	3
TOTALS	70

Total Residents Diagnosed as Mentally Ill 55

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	97	97	80	87	70	27	37	97
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	97	97	80	87	70	27	37	97

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3047	22.6%	17553	49.6%	0	671	3278	2229	26778	75.6%	75.6%
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%
TOTALS	3047	22.6%	17553	49.6%	0	671	3278	2229	26778	75.6%	75.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	6	0	0	0	0	0	0	4	6	10
60 to 64	2	7	0	0	0	0	0	0	2	7	9
65 to 74	9	7	0	0	0	0	0	0	9	7	16
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	4	10	0	0	0	0	0	0	4	10	14
TOTALS	28	42	0	0	0	0	0	0	28	42	70

Accolade Healthcare of Pontiac
300 W Lowell Ave
Pontiac, IL. 61764

Classification Numbers

Facility ID	6004642	
Health Service Area	004	
Planning Service Area	105	Livingston
County	105	Livingston County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	49	0	0	8	4	70
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	49	0	0	8	4	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.30
LPN's	7.00
Certified Aides	20.30
Other Health Staff	14.20
Non-Health Staff	3.00
Totals	50.80

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
28.6%	45.4%	0.0%	1.8%	24.2%	100.0%		
614,515	977,283	0	39,067	519,526	2,150,391	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Accolade Healthcare Paxton Senior Living
450 Fulton Street
Paxton, IL. 60957

Reference Numbers

Facility ID	6004675	
Health Service Area	004	
Planning Service Area	053	Ford
County	053	Ford County

Administrator
Norm Gross

Contact Person and Telephone
Norm Gross
217-379-2116

Registered Agent Information
Illinois Registered Office LLC
1900 E. Golf Rd. Ste. 950A
Schaumburg, IL 60173

Date Questionnaire Completed 4/5/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	43
Total Admissions 2017	12
Total Discharges 2017	8
Residents on 12/31/2017	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	14
Developmental Disability	0
Circulatory System	2
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	35

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	75	75	47	75	47	28	75	36
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	75	75	47	75	47	28	75	36

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5	0.0%			0	0	14	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%
TOTALS	5	0.0%			0	0	14	0		0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	4	6	0	0	0	0	0	0	4	6	10
85+	5	24	0	0	0	0	0	0	5	24	29
TOTALS	11	36	0	0	0	0	0	0	11	36	47

Accolade Healthcare Paxton Senior Living
450 Fulton Street
Paxton, IL. 60957

Classification Numbers

Facility ID	6004675	
Health Service Area	004	
Planning Service Area	053	Ford
County	053	Ford County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5		0	0	0	0	
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5		0	0	0	0	

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	6.00
Certified Aides	32.00
Other Health Staff	4.00
Non-Health Staff	29.00
Totals	78.00

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
20.4%	22.0%	0.0%	8.4%	49.1%	100.0%		
129,059	138,739	0	53,205	310,101	631,104	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Courts of Shorewood, Inc
700 W Black Rd
Shorewood, IL. 60404

Reference Numbers

Facility ID	6016869	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Ashley Bolyn

Contact Person and Telephone
Chris Kuehn
773-724-6534

Registered Agent Information
Mary Chelotti- Smith
4200 W Peterson Ave, Suite 102
Chicago, IL 60646

Date Questionnaire Completed 3/19/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	0
Total Admissions 2017	69
Total Discharges 2017	39
Residents on 12/31/2017	30

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	15
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	30

Total Residents Diagnosed as Mentally Ill 28

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	50	50	30	50	30	20		
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	50	50	30	50	30	20		

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	948	0.0%	52	0.0%	9	24	3254	0	4287	23.5%	23.5%
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%
TOTALS	948	0.0%	52	0.0%	9	24	3254	0	4287	23.5%	23.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	1	7	0	0	0	0	0	0	1	7	8
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	9	21	0	0	0	0	0	0	9	21	30

Alden Courts of Shorewood, Inc
700 W Black Rd
Shorewood, IL. 60404

Classification Numbers

Facility ID	6016869	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	0	1	0	21	0	30
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	0	1	0	21	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	28	0	0	0	28
Race Unknown	1	0	0	0	1
Total	30	0	0	0	30

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	29	0	0	0	29
Ethnicity Unknown	0	0	0	0	0
Total	30	0	0	0	30

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.59
LPN's	0.00
Certified Aides	5.24
Other Health Staff	7.95
Non-Health Staff	3.41
Totals	28.19

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
40.5%	3.1%	0.0%	1.0%	55.3%	100.0%		
607,658	47,188	0	15,171	828,621	1,498,638	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Courts of Waterford, LLC
1991 Randi Drive
Aurora, IL. 60504

Reference Numbers

Facility ID	6015507	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Caitlin Brozek

Contact Person and Telephone
Chris Kuehn
773-286-3883 ext. 6534

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue
Chicago, IL 60646

Date Questionnaire Completed 4/13/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	34
Total Admissions 2017	59
Total Discharges 2017	48
Residents on 12/31/2017	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	23
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	40

Total Residents Diagnosed as Mentally Ill 23

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	20	20	20	20	18	2		
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	44	44	35	44	27	17		
TOTAL BEDS	64	64	55	64	45	19		

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1065	0.0%	1507	0.0%	73	114	921	0	3680	50.4%	50.4%
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	11477	0	11477	71.5%	71.5%
TOTALS	1065	0.0%	1507	0.0%	73	114	12398	0	15157	64.9%	64.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	1	1	1	1	2
65 to 74	0	3	0	0	0	0	1	0	1	3	4
75 to 84	2	3	0	0	0	0	0	3	2	6	8
85+	0	10	0	0	0	0	9	12	9	22	31
TOTALS	2	16	0	0	0	0	11	16	13	32	45

Alden Courts of Waterford, LLC
1991 Randi Drive
Aurora, IL. 60504

Classification Numbers

Facility ID	6015507	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	8	1	0	3	0	18
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	27	0	27
TOTALS	6	8	1	0	30	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	1	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	16	0	0	17	33
Race Unknown	0	0	0	9	9
Total	18	0	0	27	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	17	0	0	18	35
Ethnicity Unknown	0	0	0	9	9
Total	18	0	0	27	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.33
LPN's	3.22
Certified Aides	6.62
Other Health Staff	2.00
Non-Health Staff	19.52
Totals	35.69

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
18.1%	6.8%	0.3%	1.3%	73.5%	100.0%		
626,783	233,404	11,306	43,966	2,541,551	3,457,010	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Debes
550 South Mulford Road
Rockford, IL. 61108

Reference Numbers

Facility ID	6000103	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Joshua P. Gates

Contact Person and Telephone
Chris Kuehn
773-724-6534

Registered Agent Information
Mary Chelotti Smith
4200 W. Peterson Avenue Suite 102
Chicago, IL 60646

Date Questionnaire Completed 3/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	185
Total Admissions 2017	428
Total Discharges 2017	433
Residents on 12/31/2017	180

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	45
Developmental Disability	0
Circulatory System	34
Respiratory System	24
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	5
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	180

Total Residents Diagnosed as Mentally Ill 45

Total Residents Reported as Identified Offenders 17

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	268	222	192	222	180	88	268	268
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	268	222	192	222	180	88	268	268

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4991	5.1%	49128	50.2%	4538	1881	4002	0	64540	66.0%	79.6%
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%
TOTALS	4991	5.1%	49128	50.2%	4538	1881	4002	0	64540	66.0%	79.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	3	0	0	0	0	0	0	2	3	5
45 to 59	12	12	0	0	0	0	0	0	12	12	24
60 to 64	12	7	0	0	0	0	0	0	12	7	19
65 to 74	23	27	0	0	0	0	0	0	23	27	50
75 to 84	14	19	0	0	0	0	0	0	14	19	33
85+	13	36	0	0	0	0	0	0	13	36	49
TOTALS	76	104	0	0	0	0	0	0	76	104	180

Alden Debes
550 South Mulford Road
Rockford, IL. 61108

Classification Numbers

Facility ID	6000103	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	136	13	5	14	0	180
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	136	13	5	14	0	180

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pacific Isl.	0	0	0	0	0
White	153	0	0	0	153
Race Unknown	1	0	0	0	1
Total	180	0	0	0	180

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	175	0	0	0	175
Ethnicity Unknown	1	0	0	0	1
Total	180	0	0	0	180

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.35
LPN's	20.69
Certified Aides	45.60
Other Health Staff	11.42
Non-Health Staff	48.58
Totals	139.64

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%	59.3%	5.4%	7.0%	6.1%	100.0%		
2,859,311	7,621,517	694,509	895,664	787,732	12,858,733	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Des Plaines Rehabilitation and Health Care
1221 East Golf Road
Des Plaines, IL. 60016-1213

Reference Numbers

Facility ID	6014757	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

Administrator
Jacob Pientok

Contact Person and Telephone
Chris Kuehn
773-286-3883

Registered Agent Information
MARY CHELOTTI-SMITH
4200 W. PETERSON AVENUE, SUITE 102
Chicago, IL 60646

Date Questionnaire Completed 4/4/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	87
Total Admissions 2017	659
Total Discharges 2017	670
Residents on 12/31/2017	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	26
Injuries and Poisonings	10
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	76

Total Residents Diagnosed as Mentally Ill 33

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	110	95	93	95	76	34	110	44
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	110	95	93	95	76	34	110	44

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8600	21.4%	12263	76.4%	624	4118	3891	0	29496	73.5%	85.1%
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%
TOTALS	8600	21.4%	12263	76.4%	624	4118	3891	0	29496	73.5%	85.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	4	0	0	0	0	0	0	4	4	8
60 to 64	1	7	0	0	0	0	0	0	1	7	8
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	10	12	0	0	0	0	0	0	10	12	22
85+	5	21	0	0	0	0	0	0	5	21	26
TOTALS	25	51	0	0	0	0	0	0	25	51	76

Alden Des Plaines Rehabilitation and Health Care
1221 East Golf Road
Des Plaines, IL. 60016-1213

Classification Numbers

Facility ID	6014757	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	33	2	11	10	0	76
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	33	2	11	10	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	0	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.72
LPN's	10.60
Certified Aides	30.50
Other Health Staff	1.00
Non-Health Staff	35.90
Totals	92.72

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
47.0%	22.2%	1.2%	19.1%	10.6%	100.0%		
5,042,556	2,382,687	125,050	2,051,965	1,137,235	10,739,493	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN ESTATES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
Barrington, IL. 60010

Reference Numbers

Facility ID	6003735	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Barrington Township

Administrator
Jeff Russell

Contact Person and Telephone
Chris Kuehn
773-286-3883 x6534

Registered Agent Information
Mary Chelotti-Smith
4200 West Peterson Ave Suite 102
Chicago, IL 60646

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	127
Total Admissions 2017	542
Total Discharges 2017	555
Residents on 12/31/2017	114

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	14
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	13
Respiratory System	41
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	9
Non-Medical Conditions	10
TOTALS	114

Total Residents Diagnosed as Mentally Ill 71

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	0	137	0	114	36	150	150
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	150	0	137	0	114	36	150	150

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9686	17.7%	27962	51.1%	1301	2557	3158	0	44664	81.6%	0.0%
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%
TOTALS	9686	17.7%	27962	51.1%	1301	2557	3158	0	44664	81.6%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	3	0	0	0	0	0	0	1	3	4
45 to 59	2	8	0	0	0	0	0	0	2	8	10
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	9	12	0	0	0	0	0	0	9	12	21
75 to 84	15	14	0	0	0	0	0	0	15	14	29
85+	12	28	0	0	0	0	0	0	12	28	40
TOTALS	44	70	0	0	0	0	0	0	44	70	114

ALDEN ESTATES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
Barrington, IL. 60010

Classification Numbers

Facility ID	6003735	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Barrington Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	70	2	5	9	0	114
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	70	2	5	9	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	3	0	0	0	3
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	3	0	0	0	3
Total	114	0	0	0	114

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.94
LPN's	8.47
Certified Aides	19.56
Other Health Staff	11.76
Non-Health Staff	26.44
Totals	85.17

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
37.9%	45.5%	1.8%	7.3%	7.4%	100.0%		
6,136,642	7,380,023	293,327	1,188,909	1,204,129	16,203,030	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Estates of Evanston
2520 Gross Point Road
Evanston, IL. 60201

Reference Numbers

Facility ID	6013429	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

Administrator
Joseph Rusinak

Contact Person and Telephone
Chris Kuehn
773-296-3883

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue - Suite #102
Chicago, IL 60646

Date Questionnaire Completed 4/16/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	65
Total Admissions 2017	737
Total Discharges 2017	751
Residents on 12/31/2017	51

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	29
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	10
TOTALS	51

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	102	74	70	74	51	51	99	99
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	102	74	70	74	51	51	99	99

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13378	37.0%	3246	9.0%	77	3862	1218	0	21781	58.5%	80.6%
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%
TOTALS	13378	37.0%	3246	9.0%	77	3862	1218	0	21781	58.5%	80.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	2	2	4
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	9	12	0	0	0	0	0	0	9	12	21
TOTALS	22	29	0	0	0	0	0	0	22	29	51

Alden Estates of Evanston
2520 Gross Point Road
Evanston, IL. 60201

Classification Numbers

Facility ID	6013429	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	9	1	13	1	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	9	1	13	1	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	1	0	0	0	1
Total	51	0	0	0	51

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	50	0	0	0	50
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	0	51

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.23
LPN's	3.15
Certified Aides	13.53
Other Health Staff	0.89
Non-Health Staff	28.14
Totals	56.94

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
73.5%	6.0%	0.2%	16.0%	4.3%	100.0%		
7,955,334	651,490	19,314	1,733,898	469,358	10,829,394	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN ESTATES OF NAPERVILLE
1525 SOUTH OXFORD LANE
Naperville, IL. 60565

Reference Numbers

Facility ID	6007033	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Naperville Township

Administrator
Christopher Beymar

Contact Person and Telephone
Chris Kuehn
773-286-3883

Registered Agent Information
Mary Chelotti-Smith
4200 West Peterson Ave. Suite 102
Chicago, IL 60646

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	146
Total Admissions 2017	450
Total Discharges 2017	463
Residents on 12/31/2017	133

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	26
Alzheimer Disease	0
Mental Illness	27
Developmental Disability	0
Circulatory System	21
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	25
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	6
Non-Medical Conditions	13
TOTALS	133

Total Residents Diagnosed as Mentally Ill 99

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	170	156	170	133	70	203	203
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	203	170	156	170	133	70	203	203

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4623	6.2%	34460	46.5%	2215	2128	6470	0	49896	67.3%	80.4%
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%
TOTALS	4623	6.2%	34460	46.5%	2215	2128	6470	0	49896	67.3%	80.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	2	0	0	0	0	0	0	4	2	6
65 to 74	13	11	0	0	0	0	0	0	13	11	24
75 to 84	13	16	0	0	0	0	0	0	13	16	29
85+	11	56	0	0	0	0	0	0	11	56	67
TOTALS	46	87	0	0	0	0	0	0	46	87	133

ALDEN ESTATES OF NAPERVILLE
1525 SOUTH OXFORD LANE
Naperville, IL. 60565

Classification Numbers

Facility ID	6007033	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Naperville Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	85	6	3	20	0	133
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	85	6	3	20	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	6	0	0	0	6
Total	133	0	0	0	133

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	1	0	0	0	1
Ethnicity Unknown	127	0	0	0	127
Total	133	0	0	0	133

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.50
LPN's	4.80
Certified Aides	34.00
Other Health Staff	11.70
Non-Health Staff	34.50
Totals	108.50

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
22.2%	50.5%	7.8%	7.7%	11.8%	100.0%		
2,837,018	6,448,475	995,090	976,940	1,509,611	12,767,134	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Estates of Northmoor
5831 N Northwest Hwy
Chicago, IL. 60631

Reference Numbers

Facility ID	6014500	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 12 - Forest Glen

Administrator
Allison Pease

Contact Person and Telephone
Chris Kuehn
773-286-3883

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Ave
Chicago, IL 60646

Date Questionnaire Completed 3/6/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	181
Total Admissions 2017	238
Total Discharges 2017	235
Residents on 12/31/2017	184

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	15
Blood Disorders	4
*Nervous System Non Alzheimer	20
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	71
Respiratory System	32
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	4
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	184

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	198	196	194	196	184	14	198	198
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	198	196	194	196	184	14	198	198

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5310	7.3%	48963	67.8%	4788	2018	5519	0	66598	92.2%	93.1%
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%
TOTALS	5310	7.3%	48963	67.8%	4788	2018	5519	0	66598	92.2%	93.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	4	0	0	0	0	0	0	1	4	5
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	22	22	0	0	0	0	0	0	22	22	44
75 to 84	14	44	0	0	0	0	0	0	14	44	58
85+	11	55	0	0	0	0	0	0	11	55	66
TOTALS	54	130	0	0	0	0	0	0	54	130	184

Alden Estates of Northmoor
5831 N Northwest Hwy
Chicago, IL. 60631

Classification Numbers

Facility ID	6014500	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 12 - Forest Glen

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	142	12	7	8	0	184
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	142	12	7	8	0	184

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	14	0	0	0	14
American Indian	0	0	0		
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	156	0	0	0	156
Race Unknown	1	0	0	0	1
Total	184	0	0		

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	37	0	0	0	37
Non-Hispanic	146	0	0	0	146
Ethnicity Unknown	1	0	0	0	1
Total	184	0	0	0	184

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.63
LPN's	44.84
Certified Aides	29.55
Other Health Staff	0.00
Non-Health Staff	37.59
Totals	134.61

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
19.5%	60.4%	5.8%	5.7%	8.7%	100.0%		
3,090,531	9,576,272	924,384	897,578	1,375,180	15,863,945	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Estates of Shorewood
710 West Black Road
Shorewood, IL. 60404

Reference Numbers

Facility ID	6016695	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Stephanie Castleman

Contact Person and Telephone
Chris Keuhn
773-286-3883

Registered Agent Information
Mary Chelotti-Smith
4200 West Peterson Ave, Suite 102
Chicago, IL 60646

Date Questionnaire Completed 3/20/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	76
Total Admissions 2017	952
Total Discharges 2017	947
Residents on 12/31/2017	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	27
Injuries and Poisonings	16
Other Medical Conditions	13
Non-Medical Conditions	8
TOTALS	81

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	81	92	87	92	81	0	0	0
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	81	92	87	92	81	0	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	17023	0.0%	4731	0.0%	239	5247	1572	0	28812	97.5%	85.8%
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%
TOTALS	17023	0.0%	4731	0.0%	239	5247	1572	0	28812	97.5%	85.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	7	12	0	0	0	0	0	0	7	12	19
75 to 84	10	10	0	0	0	0	0	0	10	10	20
85+	13	25	0	0	0	0	0	0	13	25	38
TOTALS	31	50	0	0	0	0	0	0	31	50	81

Alden Estates of Shorewood
710 West Black Road
Shorewood, IL. 60404

Classification Numbers

Facility ID	6016695	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	52	13	1	10	5	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	52	13	1	10	5	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	1	0	0	0	1
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	1	0	0	0	1
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.89
LPN's	0.92
Certified Aides	19.18
Other Health Staff	25.55
Non-Health Staff	17.54
Totals	76.08

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
72.3%	5.8%	0.3%	17.5%	4.2%	100.0%		
9,862,206	789,482	40,616	2,382,666	574,115	13,649,085	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Estates of Skokie
4626 Old Orchard Rd
Skokie, IL. 60076

Reference Numbers

Facility ID	6006886	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

Administrator
Ashley V. O'Brien

Contact Person and Telephone
Chris Keuhn
773-724-6534

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Ave, Suite 102
Chicago, IL 60646

Date Questionnaire Completed 4/5/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	21
Total Admissions 2017	714
Total Discharges 2017	717
Residents on 12/31/2017	18

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer 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	6
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	18

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	56	31	29	31	18	38	56	56
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	56	31	29	31	18	38	56	56

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6352	31.1%	0	0.0%	0	2663	43	0	9058	44.3%	80.1%
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%
TOTALS	6352	31.1%	0	0.0%	0	2663	43	0	9058	44.3%	80.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	1	7	0	0	0	0	0	0	1	7	8
75 to 84	0	6	0	0	0	0	0	0	0	6	6
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	3	15	0	0	0	0	0	0	3	15	18

Alden Estates of Skokie
4626 Old Orchard Rd
Skokie, IL. 60076

Classification Numbers

Facility ID	6006886	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	0	0	6	0	0	18
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	0	0	6	0	0	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	13	0	0	0	13
Race Unknown	0	0	0	0	0
Total	18	0	0	0	18

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	18	0	0	0	18
Ethnicity Unknown	0	0	0	0	0
Total	18	0	0	0	18

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.02
LPN's	0.83
Certified Aides	7.20
Other Health Staff	2.73
Non-Health Staff	17.13
Totals	34.91

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
74.6%	0.0%	0.0%	25.3%	0.1%	100.0%		
3,856,142	0	0	1,307,077	5,874	5,169,093	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Lakeland Rehabilitation & Care Center
820 West Lawrence
Chicago, IL. 60640

Reference Numbers

Facility ID	6005193	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

Administrator
Solomon Mizrahi

Contact Person and Telephone
Chris Kuehn
773-286-3883

Registered Agent Information
Mary Chelotti-Smith
4200 West Peterson Ave, Suite 102
Chicago, IL 60646

Date Questionnaire Completed 3/22/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	143
Total Admissions 2017	184
Total Discharges 2017	173
Residents on 12/31/2017	154

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	35
Respiratory System	71
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	3
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	154

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 14

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	300	182	157	182	154	146	187	300
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	300	182	157	182	154	146	187	300

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	47796	70.0%	2181	2.0%	388	891	910	0	52166	47.6%	78.5%
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%
TOTALS	47796	70.0%	2181	2.0%	388	891	910	0	52166	47.6%	78.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	7	0	0	0	0	0	0	9	7	16
45 to 59	22	15	0	0	0	0	0	0	22	15	37
60 to 64	18	6	0	0	0	0	0	0	18	6	24
65 to 74	14	19	0	0	0	0	0	0	14	19	33
75 to 84	14	18	0	0	0	0	0	0	14	18	32
85+	5	7	0	0	0	0	0	0	5	7	12
TOTALS	82	72	0	0	0	0	0	0	82	72	154

Alden Lakeland Rehabilitation & Care Center
820 West Lawrence
Chicago, IL. 60640

Classification Numbers

Facility ID	6005193	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	129	2	4	6	0	154
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	129	2	4	6	0	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	81	0	0	0	81
Hawaiian/Pacific Isl.	5	0	0	0	5
White	61	0	0	0	61
Race Unknown	2	0	0	0	2
Total	154	0	0	0	154

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	135	0	0	0	135
Ethnicity Unknown	2	0	0	0	2
Total	154	0	0	0	154

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.50
LPN's	2.80
Certified Aides	21.40
Other Health Staff	2.90
Non-Health Staff	20.61
Totals	79.21

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
10.6%	85.1%	0.6%	3.4%	0.4%	100.0%		
1,422,667	11,444,248	74,843	453,994	50,426	13,446,178	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Lincoln Park Rehabilitation and Health Care
504 W Wellington Ave
Chicago, IL. 60657

Reference Numbers

Facility ID	6009849	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 6 - Lakeview

Administrator
Mary Saleh

Contact Person and Telephone
Chris Kuehn
773-286-3883

Registered Agent Information
Mary Chelotti-Smith
4200 W Peterson Ave, Suite 102
Chicago, IL 60646

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	88
Total Admissions 2017	75
Total Discharges 2017	75
Residents on 12/31/2017	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	22
Mental Illness	21
Developmental Disability	19
Circulatory System	2
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	4
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 21

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	96	0	92	0	88	8	33	96
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	96	0	92	0	88	8	33	96

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2132	17.7%	23186	66.2%	3438	411	2591	0	31758	90.6%	0.0%
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%
TOTALS	2132	17.7%	23186	66.2%	3438	411	2591	0	31758	90.6%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	4	0	0	0	0	0	0	4	4	8
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	17	7	0	0	0	0	0	0	17	7	24
75 to 84	16	11	0	0	0	0	0	0	16	11	27
85+	11	15	0	0	0	0	0	0	11	15	26
TOTALS	48	40	0	0	0	0	0	0	48	40	88

Alden Lincoln Park Rehabilitation and Health Care
504 W Wellington Ave
Chicago, IL. 60657

Classification Numbers

Facility ID	6009849	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 6 - Lakeview

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	69	6	2	5	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	69	6	2	5	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	0	0	0	0	0
Black	30	0	0	0	30
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.50
LPN's	5.90
Certified Aides	18.50
Other Health Staff	0.00
Non-Health Staff	14.05
Totals	45.95

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
19.6%	58.7%	9.9%	1.5%	10.3%	100.0%		
1,280,532	3,842,613	649,514	97,892	675,975	6,546,526	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Long Grove Rehab/HC Center
2308 Old Hicks Rd
Long Grove, IL. 60047

Reference Numbers

Facility ID	6005714	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Bryan Pottow

Contact Person and Telephone
Chris Kuehn
773-724-6534

Registered Agent Information
Mary Chelotti Smith
4200 W Peterson Ave Suite 102
Chicago, IL 60646

Date Questionnaire Completed 3/29/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	174
Total Admissions 2017	257
Total Discharges 2017	236
Residents on 12/31/2017	195

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	32
Alzheimer Disease	15
Mental Illness	5
Developmental Disability	21
Circulatory System	36
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	17
Injuries and Poisonings	28
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	189

Total Residents Diagnosed as Mentally Ill 26

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	248	211	197	211	189	59	208	246
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	248	211	197	211	189	59	208	246

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2582	3.4%	51948	57.9%	2389	633	5055	365	62972	69.6%	81.8%
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%
TOTALS	2582	3.4%	51948	57.9%	2389	633	5055	365	62972	69.6%	81.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	0	0	0	0	0	0	0	4	0	4
45 to 59	17	9	0	0	0	0	0	0	17	9	26
60 to 64	11	5	0	0	0	0	0	0	11	5	16
65 to 74	22	14	0	0	0	0	0	0	22	14	36
75 to 84	14	34	0	0	0	0	0	0	14	34	48
85+	15	44	0	0	0	0	0	0	15	44	59
TOTALS	83	106	0	0	0	0	0	0	83	106	189

Alden Long Grove Rehab/HC Center
2308 Old Hicks Rd
Long Grove, IL. 60047

Classification Numbers

Facility ID	6005714	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	147	19	2	14	1	190
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	147	19	2	14	1	190

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	170	0	0	0	170
Race Unknown	10	0	0	0	10
Total	189	0	0	0	189

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	179	0	0	0	179
Ethnicity Unknown	1	0	0	0	1
Total	189	0	0	0	189

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	17.00
LPN's	8.00
Certified Aides	37.00
Other Health Staff	4.00
Non-Health Staff	33.00
Totals	103.00

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
13.4%	69.9%	6.9%	2.2%	7.6%	100.0%		
1,669,680	8,704,018	865,289	276,378	941,451	12,456,816	75,630	0.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden North Shore Rehabilitation and Health Care
5050 West Touhy Avenue
Skokie, IL. 60077

Reference Numbers

Facility ID	6014765	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

Administrator
Angela Ditangco

Contact Person and Telephone
Chris Kuehn
773-286-3883

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue, Suite 102
Chicago, IL 60646

Date Questionnaire Completed 4/10/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	71
Total Admissions 2017	632
Total Discharges 2017	635
Residents on 12/31/2017	68

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	9
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	21
Injuries and Poisonings	14
Other Medical Conditions	0
Non-Medical Conditions	16
TOTALS	68

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	93	74	72	74	68	25	93	24
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	93	74	72	74	68	25	93	24

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11125	32.8%	6681	76.3%	103	3490	1691	0	23090	68.0%	85.5%
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%
TOTALS	11125	32.8%	6681	76.3%	103	3490	1691	0	23090	68.0%	85.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	12	0	0	0	0	0	0	3	12	15
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	8	21	0	0	0	0	0	0	8	21	29
TOTALS	22	46	0	0	0	0	0	0	22	46	68

Alden North Shore Rehabilitation and Health Care
5050 West Touhy Avenue
Skokie, IL. 60077

Classification Numbers

Facility ID	6014765	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	20	0	11	4	0	68
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	20	0	11	4	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	10	0	0	0	10
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.03
LPN's	2.90
Certified Aides	15.50
Other Health Staff	0.73
Non-Health Staff	26.83
Totals	54.99

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
64.6%	13.0%	0.2%	16.5%	5.7%	100.0%		
6,183,607	1,242,589	19,587	1,577,637	542,261	9,565,681	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden of Old Town East
108 S. First Street
Bloomingdale, IL. 60108

Reference Numbers

Facility ID	6014807	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

Administrator
Janine P. Schoen

Contact Person and Telephone
Chris Kuehn
773-724-6534

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue
Chicago, IL 60646

Date Questionnaire Completed 3/15/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	2
Total Discharges 2017	1
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5444	93.2%	0	0	365	0	5809	99.5%	99.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5444	93.2%	0	0	365	0	5809	99.5%	99.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	4	0	0	4	4	8
45 to 59	0	0	0	0	1	4	0	0	1	4	5
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	6	10	0	0	6	10	16

Alden of Old Town East
108 S. First Street
Bloomingdale, IL. 60108

Classification Numbers

Facility ID	6014807	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	1	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	1	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.75
LPN's	0.75
Certified Aides	8.00
Other Health Staff	0.50
Non-Health Staff	2.25
Totals	12.50

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%	86.0%	0.0%	0.0%	14.0%	100.0%		
0	1,089,072	0	0	177,748	1,266,820	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden of Old Town West
118 S. Bloomingdale Road
Bloomingdale, IL. 60108

Reference Numbers

Facility ID	6014815	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

Administrator
Janine P. Schoen

Contact Person and Telephone
Chris Kuehn
773-724-6534

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue Suite 102
Chiago, IL 60646

Date Questionnaire Completed 3/15/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	14
Total Admissions 2017	5
Total Discharges 2017	4
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5745	98.4%	0	0	0	0	5745	98.4%	98.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5745	98.4%	0	0	0	0	5745	98.4%	98.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	3	0	0	5	3	8
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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
TOTALS	0	0	0	0	7	8	0	0	7	8	15

Alden of Old Town West
118 S. Bloomingdale Road
Bloomingdale, IL. 60108

Classification Numbers

Facility ID	6014815	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.64
LPN's	0.14
Certified Aides	6.51
Other Health Staff	0.50
Non-Health Staff	2.00
Totals	11.04

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	1,333,133	0	0	0	1,333,133	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden of Waterford
2021 Randi Drive
Aurora, IL. 60504

Reference Numbers

Facility ID	6014773	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Tracy Pell

Contact Person and Telephone
Chris Kuehn
773-286-3883 ext. 6534

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue, Suite 102
Chicago, IL 60646

Date Questionnaire Completed 3/7/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	74
Total Admissions 2017	437
Total Discharges 2017	439
Residents on 12/31/2017	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	1
Circulatory System	7
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	36
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	90	99	72	27	99	62
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	99	99	90	99	72	27	99	62

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10137	28.1%	11634	51.4%	685	2521	3434	0	28411	78.6%	78.6%
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%
TOTALS	10137	28.1%	11634	51.4%	685	2521	3434	0	28411	78.6%	78.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	11	12	0	0	0	0	0	0	11	12	23
85+	2	30	0	0	0	0	0	0	2	30	32
TOTALS	21	51	0	0	0	0	0	0	21	51	72

Alden of Waterford
2021 Randi Drive
Aurora, IL. 60504

Classification Numbers

Facility ID	6014773	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	28	3	3	11	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	28	3	3	11	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	1	0	0	0	1
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.16
LPN's	0.28
Certified Aides	19.98
Other Health Staff	2.00
Non-Health Staff	31.82
Totals	64.24

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
58.3%	20.7%	1.3%	11.0%	8.7%	100.0%		
5,875,749	2,087,521	127,227	1,106,843	875,937	10,073,277	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Orland Park Rehabilitation and Health Care
16450 S. 97th Ave
Orland Park, IL. 60467-5587

Reference Numbers

Facility ID	6014922	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Orland Township

Administrator
Christina Murdoch

Contact Person and Telephone
Chris Kuehn
773-286-3883

Registered Agent Information
Mary Chelotti-Smith
4200 W. Petterson Avenue, Suite 102
Chicago, IL 60646

Date Questionnaire Completed 4/16/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	145
Total Admissions 2017	1,199
Total Discharges 2017	1,210
Residents on 12/31/2017	134

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	71
Injuries and Poisonings	1
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	134

Total Residents Diagnosed as Mentally Ill 78

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	200	167	156	167	134	66	200	200
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	200	167	156	167	134	66	200	200

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	18878	25.9%	15270	20.9%	1193	7209	8433	0	50983	69.8%	83.6%
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%
TOTALS	18878	25.9%	15270	20.9%	1193	7209	8433	0	50983	69.8%	83.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	3	3	6
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	5	16	0	0	0	0	0	0	5	16	21
75 to 84	12	30	0	0	0	0	0	0	12	30	42
85+	15	42	0	0	0	0	0	0	15	42	57
TOTALS	39	95	0	0	0	0	0	0	39	95	134

Alden Orland Park Rehabilitation and Health Care
16450 S. 97th Ave
Orland Park, IL. 60467-5587

Classification Numbers

Facility ID	6014922	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Orland Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	49	47	1	16	21	0	134
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	49	47	1	16	21	0	134

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	1	0	0	0	1
Black	19	0	0	0	19
Hawaiian/Pacific Isl.	2	0	0	0	2
White	109	0	0	0	109
Race Unknown	1	0	0	0	1
Total	134	0	0	0	134

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	131	0	0	0	131
Ethnicity Unknown	1	0	0	0	1
Total	134	0	0	0	134

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	8.91
Certified Aides	36.00
Other Health Staff	11.19
Non-Health Staff	44.70
Totals	118.80

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
53.4%	14.6%	1.1%	17.3%	13.6%	100.0%		
10,666,853	2,916,206	215,806	3,452,387	2,712,777	19,964,029	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Park Strathmoor
5668 Strathmoor Drive
Rockford, IL. 61107

Reference Numbers

Facility ID	6007165	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Nikolina Kuljanin-Thompson

Contact Person and Telephone
Chris Kuehn
773-724-6534

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue Suite 102
Chicago, IL 60646

Date Questionnaire Completed 3/23/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	144
Total Admissions 2017	96
Total Discharges 2017	95
Residents on 12/31/2017	145

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	33
Alzheimer Disease	0
Mental Illness	34
Developmental Disability	1
Circulatory System	22
Respiratory System	35
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	4
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	145

Total Residents Diagnosed as Mentally Ill 112

Total Residents Reported as Identified Offenders 7

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	189	165	157	165	145	44	189	189
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	165	157	165	145	44	189	189

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2449	3.6%	44538	64.6%	4654	347	2165	0	54153	78.5%	89.9%
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%
TOTALS	2449	3.6%	44538	64.6%	4654	347	2165	0	54153	78.5%	89.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	7	0	0	0	0	0	0	6	7	13
45 to 59	5	20	0	0	0	0	0	0	5	20	25
60 to 64	6	7	0	0	0	0	0	0	6	7	13
65 to 74	19	17	0	0	0	0	0	0	19	17	36
75 to 84	10	21	0	0	0	0	0	0	10	21	31
85+	8	19	0	0	0	0	0	0	8	19	27
TOTALS	54	91	0	0	0	0	0	0	54	91	145

Alden Park Strathmoor
5668 Strathmoor Drive
Rockford, IL. 61107

Classification Numbers

Facility ID	6007165	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	122	14	2	4	0	145
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	122	14	2	4	0	145

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pacific Isl.	0	0	0	0	0
White	114	0	0	0	114
Race Unknown	5	0	0	0	5
Total	145	0	0	0	145

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	140	0	0	0	140
Ethnicity Unknown	0	0	0	0	0
Total	145	0	0	0	145

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.24
LPN's	12.41
Certified Aides	39.28
Other Health Staff	4.57
Non-Health Staff	37.43
Totals	108.93

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
14.4%	72.4%	6.9%	2.0%	4.3%	100.0%		
1,584,129	7,965,827	761,057	214,854	476,502	11,002,369	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Poplar Creek Rehab and Health Care Center
1545 Barrington Road
Hoffman Estates, IL. 60169

Reference Numbers

Facility ID	6001366	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Schaumburg Township

Administrator
Katie Collins

Contact Person and Telephone
Chris Kuehn
773-286-6622

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Ave, Suite 102
Chicago, IL 60646

Date Questionnaire Completed 4/13/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	179
Total Admissions 2017	421
Total Discharges 2017	412
Residents on 12/31/2017	188

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	34
Alzheimer Disease	0
Mental Illness	60
Developmental Disability	0
Circulatory System	32
Respiratory System	14
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	10
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	188

Total Residents Diagnosed as Mentally Ill 60

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	217	217	195	217	188	29	217	217
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	217	217	195	217	188	29	217	217

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7914	10.0%	43758	55.2%	4454	2737	8226	0	67089	84.7%	84.7%
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%
TOTALS	7914	10.0%	43758	55.2%	4454	2737	8226	0	67089	84.7%	84.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	4	0	0	0	0	0	0	4	4	8
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	10	16	0	0	0	0	0	0	10	16	26
75 to 84	19	41	0	0	0	0	0	0	19	41	60
85+	19	68	0	0	0	0	0	0	19	68	87
TOTALS	54	134	0	0	0	0	0	0	54	134	188

Alden Poplar Creek Rehab and Health Care Center
1545 Barrington Road
Hoffman Estates, IL. 60169

Classification Numbers

Facility ID	6001366	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Schaumburg Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	117	9	10	25	0	188
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	117	9	10	25	0	188

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	19	0	0	0	19
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	155	0	0	0	155
Race Unknown	8	0	0	0	8
Total	188	0	0	0	188

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	180	0	0	0	180
Ethnicity Unknown	0	0	0	0	0
Total	188	0	0	0	188

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.55
LPN's	9.00
Certified Aides	42.00
Other Health Staff	2.00
Non-Health Staff	33.70
Totals	106.25

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%	46.0%	4.8%	7.4%	13.4%	100.0%		
4,831,432	7,847,124	819,146	1,264,792	2,288,793	17,051,287	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Springs
207 E. Army Trail Road
Bloomingdale, IL. 60108

Reference Numbers

Facility ID	6016224	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

Administrator
Janine P Schoen

Contact Person and Telephone
Chris Kuehn
773-724-6534

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue Suite 102
Chicago, IL 60646

Date Questionnaire Completed 3/15/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	14
Total Admissions 2017	3
Total Discharges 2017	2
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5720	97.9%	0	0	0	0	5720	97.9%	97.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5720	97.9%	0	0	0	0	5720	97.9%	97.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	3	0	0	4	3	7
45 to 59	0	0	0	0	3	4	0	0	3	4	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	7	8	0	0	7	8	15

Alden Springs
207 E. Army Trail Road
Bloomingdale, IL. 60108

Classification Numbers

Facility ID	6016224	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.87
LPN's	0.73
Certified Aides	7.20
Other Health Staff	0.50
Non-Health Staff	2.23
Totals	12.78

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	1,205,130	0	0	0	1,205,130	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Terrace of McHenry Rehabilitation and Healt
803 Royal Dr.
McHenry, IL. 60050

Reference Numbers

Facility ID	6008304	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

Administrator
Daisy Moreno

Contact Person and Telephone
Chris Kuehn
773-724-6534

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue Suite 102
Chicago, IL 60646

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	155
Total Admissions 2017	324
Total Discharges 2017	310
Residents on 12/31/2017	169

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	12
Mental Illness	27
Developmental Disability	0
Circulatory System	27
Respiratory System	14
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	33
Injuries and Poisonings	3
Other Medical Conditions	26
Non-Medical Conditions	9
TOTALS	169

Total Residents Diagnosed as Mentally Ill 27

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	316	190	181	190	169	147	316	316
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	316	190	181	190	169	147	316	316

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5573	4.8%	40494	35.1%	8388	1298	4543	0	60296	52.3%	86.9%
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%
TOTALS	5573	4.8%	40494	35.1%	8388	1298	4543	0	60296	52.3%	86.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	9	8	0	0	0	0	0	0	9	8	17
60 to 64	9	7	0	0	0	0	0	0	9	7	16
65 to 74	20	17	0	0	0	0	0	0	20	17	37
75 to 84	13	35	0	0	0	0	0	0	13	35	48
85+	6	44	0	0	0	0	0	0	6	44	50
TOTALS	57	112	0	0	0	0	0	0	57	112	169

Alden Terrace of McHenry Rehabilitation and Healt
803 Royal Dr.
McHenry, IL. 60050

Classification Numbers

Facility ID	6008304	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	116	19	6	10	0	169
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	116	19	6	10	0	169

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	158	0	0	0	158
Race Unknown	8	0	0	0	8
Total	169	0	0	0	169

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	161	0	0	0	161
Ethnicity Unknown	0	0	0	0	0
Total	169	0	0	0	169

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	8.50
LPN's	11.00
Certified Aides	28.00
Other Health Staff	3.00
Non-Health Staff	29.00
Totals	83.50

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
24.9%	52.5%	10.8%	4.8%	7.0%	100.0%		
3,146,273	6,648,167	1,367,467	611,690	887,200	12,660,797	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Town Manor Rehab & HHC
6120 W. Ogden Ave
Cicero, IL. 60804

Reference Numbers

Facility ID	6013353	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Cicero Township

Administrator
Tammy Virgili

Contact Person and Telephone
Josh Molitor
708-863-0500

Registered Agent Information
Marie Chelotti-Smith
4200 E. Peterson Ave suite 102
Chicago, IL 60646

Date Questionnaire Completed 4/3/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	178
Total Admissions 2017	227
Total Discharges 2017	204
Residents on 12/31/2017	201

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	0
Mental Illness	26
Developmental Disability	1
Circulatory System	33
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	64
Injuries and Poisonings	2
Other Medical Conditions	28
Non-Medical Conditions	3
TOTALS	190

Total Residents Diagnosed as Mentally Ill 24

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	237	237	205	222	190	47	249	249
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	237	237	205	222	190	47	249	249

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3104	3.4%	4340	4.8%	0	8151	660	0	16255	18.8%	18.8%
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%
TOTALS	3104	3.4%	4340	4.8%	0	8151	660	0	16255	18.8%	18.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	9	10	0	0	0	0	0	0	9	10	19
60 to 64	16	8	0	0	0	0	0	0	16	8	24
65 to 74	20	21	0	0	0	0	0	0	20	21	41
75 to 84	20	28	0	0	0	0	0	0	20	28	48
85+	21	33	0	0	0	0	0	0	21	33	54
TOTALS	88	102	0	0	0	0	0	0	88	102	190

Alden Town Manor Rehab & HHC
6120 W. Ogden Ave
Cicero, IL. 60804

Classification Numbers

Facility ID	6013353	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Cicero Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	177	0	2	2	0	190
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	177	0	2	2	0	190

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	43	0	0	0	43
Hawaiian/Pacific Isl.	0	0	0	0	0
White	146	0	0	0	146
Race Unknown	0	0	0	0	0
Total	190	0	0	0	190

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	98	0	0	0	98
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	190	0	0	0	190

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	14.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	19.00
Certified Aides	48.00
Other Health Staff	7.00
Non-Health Staff	46.00
Totals	141.00

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
16.0%	74.8%	5.3%	2.2%	1.7%	100.0%		
2,218,108	10,353,822	732,575	304,908	239,638	13,849,051	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Trails
273 E. Army Trail Road
Bloomindgale, IL. 60108

Reference Numbers

Facility ID	6014799	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

Administrator
Janine P Schoen

Contact Person and Telephone
Chris Kuehn
773-724-6534

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Suite 102
Chicago, IL 60646

Date Questionnaire Completed 3/15/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5728	98.1%	0	0	30	0	5758	98.6%	98.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5728	98.1%	0	0	30	0	5758	98.6%	98.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	2	0	0	4	2	6
45 to 59	0	0	0	0	3	4	0	0	3	4	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	1	0	0	1	1	2
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
TOTALS	0	0	0	0	8	7	0	0	8	7	15

Alden Trails
273 E. Army Trail Road
Bloomindgale, IL. 60108

Classification Numbers

Facility ID	6014799	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.59
Certified Aides	6.70
Other Health Staff	0.50
Non-Health Staff	2.49
Totals	10.53

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
0.0%	98.9%	0.0%	0.0%	1.1%	100.0%		
0	1,198,154	0	0	13,299	1,211,453	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Village Health Facility
267 E. Lake Street
Bloomingdale , IL. 60108

Reference Numbers

Facility ID	6002760	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

Administrator
Laurie Longo

Contact Person and Telephone
Chris Kuehn
773-286-3883

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenur, Suite 102
Chicago, IL 60646

Date Questionnaire Completed 3/23/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	120
Total Admissions 2017	30
Total Discharges 2017	27
Residents on 12/31/2017	123

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	123
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
TOTALS	123

Total Residents Diagnosed as Mentally Ill 29

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	126	126	126	126	123	3		126
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	126	126	126	126	123	3	0	126

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			44461	96.7%	362	0	61	0	44884	97.6%	97.6%
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%
TOTALS	0	0.0%	44461	96.7%	362	0	61	0	44884	97.6%	97.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	6	3	0	0	0	0	6	3	9
18 to 44	0	0	32	24	0	0	0	0	32	24	56
45 to 59	0	0	22	19	0	0	0	0	22	19	41
60 to 64	0	0	2	5	0	0	0	0	2	5	7
65 to 74	0	0	4	5	0	0	0	0	4	5	9
75 to 84	0	0	0	1	0	0	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	66	57	0	0	0	0	66	57	123

Alden Village Health Facility
267 E. Lake Street
Bloomingdale , IL. 60108

Classification Numbers

Facility ID	6002760	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	121	1	0	1	0	123
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	121	1	0	1	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	8	0	0	8
American Indian	0	40	0	0	40
Black	0	19	0	0	19
Hawaiian/Pacific Isl.	0	1	0	0	1
White	0	55	0	0	55
Race Unknown	0	0	0	0	0
Total	0	123	0	0	123

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	19	0	0	19
Non-Hispanic	0	103	0	0	103
Ethnicity Unknown	0	1	0	0	1
Total	0	123	0	0	123

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	8.00
Certified Aides	41.00
Other Health Staff	0.00
Non-Health Staff	40.00
Totals	106.00

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
0.0%	99.1%	0.8%	0.0%	0.1%	100.0%		
0	9,448,487	73,419	0	10,476	9,532,382	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden Village North
7464 North Sheridan Road
Chicago, IL. 60626

Reference Numbers

Facility ID	6000558	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

Administrator
Christy Czajka

Contact Person and Telephone
Chris Kuehn
773-286-3883 Ex. 6534

Registered Agent Information
Mary Chelotti - Smith
4200 West Peterson Ave, Suite 102
Chicago, IL 60646

Date Questionnaire Completed 3/21/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	102
Total Admissions 2017	18
Total Discharges 2017	19
Residents on 12/31/2017	101

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	101
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
TOTALS	101

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	150	128	105	128	101	49		150
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	128	105	128	101	49	0	150

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			37058	67.7%	10	0	99	0	37167	67.9%	79.6%
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%
TOTALS	0	0.0%	37058	67.7%	10	0	99	0	37167	67.9%	79.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	5	6	0	0	0	0	5	6	11
18 to 44	0	0	39	18	0	0	0	0	39	18	57
45 to 59	0	0	10	7	0	0	0	0	10	7	17
60 to 64	0	0	4	5	0	0	0	0	4	5	9
65 to 74	0	0	4	1	0	0	0	0	4	1	5
75 to 84	0	0	1	1	0	0	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	63	38	0	0	0	0	63	38	101

Alden Village North
7464 North Sheridan Road
Chicago, IL. 60626

Classification Numbers

Facility ID	6000558	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

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	0
Skilled Under 22	0	101	0	0	0	0	101
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	101	0	0	0	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	3	0	0	3
American Indian	0	0	0	0	0
Black	0	61	0	0	61
Hawaiian/Pacific Isl.	0	2	0	0	2
White	0	32	0	0	32
Race Unknown	0	3	0	0	3
Total	0	101	0	0	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	9	0	0	9
Non-Hispanic	0	89	0	0	89
Ethnicity Unknown	0	3	0	0	3
Total	0	101	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.84
LPN's	7.33
Certified Aides	33.66
Other Health Staff	5.27
Non-Health Staff	24.58
Totals	78.68

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%	99.6%	0.0%	0.0%	0.4%	100.0%		
0	7,637,782	1,969	3,641	28,325	7,671,717	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alden-Valley Ridge Rehab & Healthcare
275 East Army Trail Road
Bloomingdale, IL. 60108

Reference Numbers

Facility ID	6000459	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

Administrator
Jaimee Demmon

Contact Person and Telephone
Chris Kuehn
773-724-6534

Registered Agent Information
Mary Chelotti-Smith
4200 West Peterson Ave, Suite102
Chicago, IL 60646

Date Questionnaire Completed 3/9/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	188
Total Admissions 2017	253
Total Discharges 2017	258
Residents on 12/31/2017	183

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	24
Alzheimer Disease	0
Mental Illness	36
Developmental Disability	0
Circulatory System	39
Respiratory System	23
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	30
Injuries and Poisonings	4
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	183

Total Residents Diagnosed as Mentally Ill 36

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	207	203	190	203	183	24	207	207
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	207	203	190	203	183	24	207	207

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3870	5.1%	44889	59.4%	9415	1167	7123	0	66464	88.0%	89.7%
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%
TOTALS	3870	5.1%	44889	59.4%	9415	1167	7123	0	66464	88.0%	89.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	7	4	0	0	0	0	0	0	7	4	11
60 to 64	7	5	0	0	0	0	0	0	7	5	12
65 to 74	23	22	0	0	0	0	0	0	23	22	45
75 to 84	17	27	0	0	0	0	0	0	17	27	44
85+	20	49	0	0	0	0	0	0	20	49	69
TOTALS	75	108	0	0	0	0	0	0	75	108	183

Alden-Valley Ridge Rehab & Healthcare
275 East Army Trail Road
Bloomingdale, IL. 60108

Classification Numbers

Facility ID	6000459	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	122	31	1	17	0	183
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	122	31	1	17	0	183

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	11	0	0	0	11
American Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	144	0	0	0	144
Race Unknown	14	0	0	0	14
Total	183	0	0	0	183

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	169	0	0	0	169
Ethnicity Unknown	0	0	0	0	0
Total	183	0	0	0	183

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.46
LPN's	15.67
Certified Aides	33.72
Other Health Staff	10.37
Non-Health Staff	47.98
Totals	127.20

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
17.0%	55.4%	12.8%	3.4%	11.4%	100.0%		
2,364,290	7,723,484	1,788,771	471,852	1,584,561	13,932,958	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aledo Rehabilitation and Health Care
304 SW 12th Street
Aledo, IL. 61231

Reference Numbers

Facility ID	6003529	
Health Service Area	010	
Planning Service Area	131	Mercer
County	131	Mercer County

Administrator
Scott Widener

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/1/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	56
Total Admissions 2017	48
Total Discharges 2017	44
Residents on 12/31/2017	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	29
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	80	60	80	60	20	80	80
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	80	80	60	80	60	20	80	80

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	981	3.4%	13523	46.3%	0	0	5338	0	19842	68.0%	68.0%
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%
TOTALS	981	3.4%	13523	46.3%	0	0	5338	0	19842	68.0%	68.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	2	0	2
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	10	10	0	0	0	0	0	0	10	10	20
75 to 84	8	6	0	0	0	0	0	0	8	6	14
85+	4	13	0	0	0	0	0	0	4	13	17
TOTALS	28	32	0	0	0	0	0	0	28	32	60

Aledo Rehabilitation and Health Care
304 SW 12th Street
Aledo, IL. 61231

Classification Numbers

Facility ID	6003529	
Health Service Area	010	
Planning Service Area	131	Mercer
County	131	Mercer County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	41	0	0	16	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	41	0	0	16	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	2	0	0	0	2
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	10.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	64.00

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
7.5%	65.1%	0.0%	1.6%	25.8%	100.0%		
196,824	1,711,106	0	41,663	679,614	2,629,207	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alhambra Care Center, Inc.
417 East Main, POB 310
Alhambra, IL. 62001

Reference Numbers

Facility ID	6004014	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Demaris A. (Dede) Weder

Contact Person and Telephone
Demaris A. Weder
618-488-3565 X200

Registered Agent Information
Demaris A. (Dede) Weder
11501 Brothers Lane, POB 41
Highland, IL 62249

Date Questionnaire Completed 4/3/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	50
Total Admissions 2017	26
Total Discharges 2017	34
Residents on 12/31/2017	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	18
Mental Illness	15
Developmental Disability	0
Circulatory System	5
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	84	84	50	84	42	42	11	84
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	84	84	50	84	42	42	11	84

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	568	14.1%	10484	34.2%	0	76	5265	0	16393	53.5%	53.5%
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%
TOTALS	568	14.1%	10484	34.2%	0	76	5265	0	16393	53.5%	53.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	1	10	0	0	0	0	0	0	1	10	11
85+	3	12	0	0	0	0	0	0	3	12	15
TOTALS	9	33	0	0	0	0	0	0	9	33	42

Alhambra Care Center, Inc.
417 East Main, POB 310
Alhambra, IL. 62001

Classification Numbers

Facility ID	6004014	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	24	0	1	15	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	24	0	1	15	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	9.00
Certified Aides	16.00
Other Health Staff	2.00
Non-Health Staff	14.00
Totals	50.00

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
10.4%	33.9%	0.0%	2.3%	53.5%	100.0%		
273,273	893,858	0	61,140	1,411,766	2,640,037	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

All American Nursing Home
5448 N. Broadway
Chicago, IL. 60640

Reference Numbers

Facility ID	6000087	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 77 - Edgewater

Administrator
Mary Claussen

Contact Person and Telephone
Mary Claussen
773-334-2224

Registered Agent Information
Much Shelist
191 N. Wacker Drive, Suite 1800
Chicago, IL 60606

Date Questionnaire Completed 4/5/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	100
Total Admissions 2017	223
Total Discharges 2017	225
Residents on 12/31/2017	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	81
Developmental Disability	2
Circulatory System	1
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 93

Total Residents Reported as Identified Offenders 30

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	144	144	103	144	98	46	0	144
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	144	144	103	144	98	46	0	144

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	36284	69.0%	0	0	0	0	36284	69.0%	69.0%
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%
TOTALS	0	0.0%	36284	69.0%	0	0	0	0	36284	69.0%	69.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	13	0	0	0	0	0	0	0	13	0	13
45 to 59	29	4	0	0	0	0	0	0	29	4	33
60 to 64	17	3	0	0	0	0	0	0	17	3	20
65 to 74	20	4	0	0	0	0	0	0	20	4	24
75 to 84	6	0	0	0	0	0	0	0	6	0	6
85+	2	0	0	0	0	0	0	0	2	0	2
TOTALS	87	11	0	0	0	0	0	0	87	11	98

All American Nursing Home
5448 N. Broadway
Chicago, IL. 60640

Classification Numbers

Facility ID	6000087	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 77 - Edgewater

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	98	0	0	0	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	98	0	0	0	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	54	0	0	0	54
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	15.00
Certified Aides	35.00
Other Health Staff	6.00
Non-Health Staff	46.00
Totals	110.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	4,902,312	0	0	0	4,902,312	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alpine Fireside Health Center
3650 North Alpine Rd
Rockford, IL. 61114

Reference Numbers

Facility ID	6000129	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Michelle Cruden

Contact Person and Telephone
Michelle Cruden
815-985-6536

Registered Agent Information
Gordon Oksnevad
945 E.Meadow Cir
Edgerton, WI 53534

Date Questionnaire Completed 4/12/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	66
Total Admissions 2017	174
Total Discharges 2017	179
Residents on 12/31/2017	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	1
Developmental Disability	0
Circulatory System	17
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	4
Musculo-skeletal Disorders	4
Injuries and Poisonings	8
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	66	66	49	66	34	32	32	34
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	33	33	25	33	27	6		
TOTAL BEDS	99	99	74	99	61	38	32	34

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5716	48.9%	4097	33.0%	0	127	3672	0	13612	56.5%	56.5%
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	9591	0	9591	79.6%	79.6%
TOTALS	5716	48.9%	4097	33.0%	0	127	13263	0	23203	64.2%	64.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	3	0	0	0	0	0	2	0	5	5
75 to 84	3	3	0	0	0	0	1	5	4	8	12
85+	5	20	0	0	0	0	5	14	10	34	44
TOTALS	8	26	0	0	0	0	6	21	14	47	61

Alpine Fireside Health Center
3650 North Alpine Rd
Rockford, IL. 61114

Classification Numbers

Facility ID	6000129	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	8	0	1	12	0	34
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	27	0	27
TOTALS	13	8	0	1	39	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	34	0	0	27	61
Race Unknown	0	0	0	0	0
Total	34	0	0	27	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	10.00
Certified Aides	25.00
Other Health Staff	3.00
Non-Health Staff	34.00
Totals	82.00

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
59.0%	10.0%	0.0%	5.0%	26.0%	100.0%		
4,467,032	757,124	0	378,562	1,968,523	7,571,241	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALTON BLUFFS ESTATE
821 WASHINGTON AVE
Alton, IL. 62002

Reference Numbers

Facility ID	6012397	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
DIANE TEBBE

Contact Person and Telephone
DIANE TEBBE
618-465-0044

Registered Agent Information

Date Questionnaire Completed 4/18/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	14
Total Admissions 2017	2
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	0	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	0	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5073	86.9%	0	0	0	0	5073	86.9%	86.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5073	86.9%	0	0	0	0	5073	86.9%	86.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	2	0	0	3	2	5
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	3	1	0	0	3	1	4
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	8	8	0	0	8	8	16

ALTON BLUFFS ESTATE
821 WASHINGTON AVE
Alton, IL. 62002

Classification Numbers

Facility ID	6012397	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.33
Registered Nurses	0.33
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	12.66

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
0.0%	74.1%	25.0%	0.0%	0.8%	100.0%		
0	427,096	144,290	0	4,810	576,196	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alton Memorial Hospital- Hatch Unit
One Memorial Drive
Alton, IL. 62002

Reference Numbers

Facility ID	6000152	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
David A. Braasch

Contact Person and Telephone
Kelly Hebel
618-463-7494

Registered Agent Information

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	13
Total Admissions 2017	356
Total Discharges 2017	369
Residents on 12/31/2017	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer 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
TOTALS	0

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	28	0	0	0	0	28	28	28
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	28	0	0	0	0	28	28	28

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3802	37.2%	107	1.0%	30	179	0	131	4249	41.6%	0.0%
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%
TOTALS	3802	37.2%	107	1.0%	30	179	0	131	4249	41.6%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	0	0	0	0	0	0	0

Alton Memorial Hospital- Hatch Unit
One Memorial Drive
Alton, IL. 62002

Classification Numbers

Facility ID	6000152	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	0	0	0

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	0.00

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
89.0%	1.4%	0.4%	9.2%	0.0%	100.0%		
1,600,476	25,033	6,485	165,997	0	1,797,991	9,236	0.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Alvin Eades Center
1000A West Michigan
Jacksonville, IL. 62650

Reference Numbers

Facility ID	6013668	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	137	Morgan County

Administrator
Bradley S. Barnes

Contact Person and Telephone
Bradley S. Barnes
217-245-9898

Registered Agent Information
Bradley S. Barnes
905 W. Superior Ave
Jacksonville, IL 62650

Date Questionnaire Completed 3/9/2018

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	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	13
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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
TOTALS	13

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	13	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	13	16	13	3	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4745	81.3%	0	0	0	0	4745	81.3%	81.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4745	81.3%	0	0	0	0	4745	81.3%	81.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	0	0	0	6	0	6
45 to 59	0	0	0	0	5	0	0	0	5	0	5
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	13	0	0	0	13	0	13

Alvin Eades Center
1000A West Michigan
Jacksonville, IL. 62650

Classification Numbers

Facility ID	6013668	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	137	Morgan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	11.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	455,528	0	0	0	455,528	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Ambassador Nursing and Rehabilitation Center
4900 N. Bernard Street
Chicago, IL. 60625

Reference Numbers

Facility ID	6000186	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 14 - Albany Park

Administrator
Aaron Cohen

Contact Person and Telephone
Aaron Cohen
773-583-7130

Registered Agent Information
Michele Bush
240 Fencl Lane
Hillside, IL 60162

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	133
Total Admissions 2017	161
Total Discharges 2017	135
Residents on 12/31/2017	159

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	1
Mental Illness	11
Developmental Disability	0
Circulatory System	32
Respiratory System	6
Digestive System	7
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	84
Non-Medical Conditions	0
TOTALS	159

Total Residents Diagnosed as Mentally Ill	15
Total Residents Reported as Identified Offenders	15

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	190	190	159	190	159	31	190	190
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	190	190	159	190	159	31	190	190

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2407	3.5%	45763	66.0%	0	2444	830	0	51444	74.2%	74.2%
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%
TOTALS	2407	3.5%	45763	66.0%	0	2444	830	0	51444	74.2%	74.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	5	0	0	0	0	0	0	7	5	12
45 to 59	34	12	0	0	0	0	0	0	34	12	46
60 to 64	13	8	0	0	0	0	0	0	13	8	21
65 to 74	36	6	0	0	0	0	0	0	36	6	42
75 to 84	13	9	0	0	0	0	0	0	13	9	22
85+	6	10	0	0	0	0	0	0	6	10	16
TOTALS	109	50	0	0	0	0	0	0	109	50	159

Ambassador Nursing and Rehabilitation Center
4900 N. Bernard Street
Chicago, IL. 60625

Classification Numbers

Facility ID	6000186	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 14 - Albany Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	139	0	9	2	0	159
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	139	0	9	2	0	159

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	22	0	0	0	22
Race Unknown	116	0	0	0	116
Total	159	0	0	0	159

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	16	0	0	0	16
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	0	0	0	0	0
Total	159	0	0	0	159

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	19.00
Certified Aides	40.00
Other Health Staff	0.00
Non-Health Staff	34.00
Totals	106.00

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
12.2%	80.3%	0.0%	6.2%	1.2%	100.0%		
1,438,456	9,441,032	0	734,418	142,621	11,756,527	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Amberwood Care Centre
2313 N. Rockton Ave
Rockford, IL. 61103

Reference Numbers

Facility ID	6001267	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Samantha Baney

Contact Person and Telephone
Samantha Baney
815-964-2200

Registered Agent Information
Kenneth Ripstein
5611 Dempster Street
Morton Grove, IL 60053

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	111
Total Admissions 2017	303
Total Discharges 2017	290
Residents on 12/31/2017	124

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	5
Mental Illness	19
Developmental Disability	0
Circulatory System	0
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	70
Non-Medical Conditions	0
TOTALS	124

Total Residents Diagnosed as Mentally Ill	94
Total Residents Reported as Identified Offenders	15

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	141	132	128	132	124	17	135	135
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	141	132	128	132	124	17	135	135

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7092	14.4%	33681	68.4%	38	0	2752	0	43563	84.6%	90.4%
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%
TOTALS	7092	14.4%	33681	68.4%	38	0	2752	0	43563	84.6%	90.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	10	5	0	0	0	0	0	0	10	5	15
60 to 64	3	11	0	0	0	0	0	0	3	11	14
65 to 74	12	16	0	0	0	0	0	0	12	16	28
75 to 84	18	22	0	0	0	0	0	0	18	22	40
85+	11	14	0	0	0	0	0	0	11	14	25
TOTALS	54	70	0	0	0	0	0	0	54	70	124

Amberwood Care Centre
2313 N. Rockton Ave
Rockford, IL. 61103

Classification Numbers

Facility ID	6001267	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

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	93	4	0	8	0	124
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	93	4	0	8	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pacific Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	124	0	0	0	124

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	120	0	0	0	120
Ethnicity Unknown	0	0	0	0	0
Total	124	0	0	0	124

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	12.00
Certified Aides	54.00
Other Health Staff	0.00
Non-Health Staff	52.00
Totals	128.00

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
33.5%	46.2%	7.8%	0.0%	12.5%	100.0%		
3,348,978	4,620,478	784,317	0	1,245,563	9,999,336	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

2/25/2016 Facility discontinued 2 Nursing Care beds; facility now has 141 Nursing Care beds.

Amboy Terrace
200 West Hawley Street
Amboy , IL. 61310

Reference Numbers

Facility ID	6012801	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

Administrator
Ron Heiderscheit

Contact Person and Telephone
Ron Heiderscheit
815-288-6691 ext. 269

Registered Agent Information
Jeff Stauter
500 Anchor Road
Dixon, IL 61021

Date Questionnaire Completed 4/7/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5753	98.5%	0	0	0	0	5753	98.5%	98.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5753	98.5%	0	0	0	0	5753	98.5%	98.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	4	1	0	0	4	1	5
75 to 84	0	0	0	0	1	2	0	0	1	2	3
85+	0	0	0	0	0	2	0	0	0	2	2
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Amboy Terrace
200 West Hawley Street
Amboy , IL. 61310

Classification Numbers

Facility ID	6012801	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	1.00
Certified Aides	13.50
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	17.00

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
0.0%	12.7%	87.2%	0.0%	0.1%	100.0%		
0	115,249	788,505	0	519	904,273	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Anna Terrace
408 Anna St
Jacksonville, IL. 62650

Reference Numbers

Facility ID	6013775	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	137	Morgan County

Administrator
James Haney

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	6
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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
TOTALS	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	0	0	0	3	0	3
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	6	0	0	0	6	0	6

Anna Terrace
408 Anna St
Jacksonville, IL. 62650

Classification Numbers

Facility ID	6013775	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	137	Morgan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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
0.0%	90.5%	0.6%	0.0%	8.9%	100.0%		
0	354,460	2,257	0	34,824	391,541	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Bloomington
1509 Calhoun St
Bloomington, IL. 61701

Reference Numbers

Facility ID	6001010	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Michelle Arnold

Contact Person and Telephone
Michelle Arnold
309-827-6046

Registered Agent Information
CT Corporation System
208 S LaSalle St STE 814
Chicago, IL 60604

Date Questionnaire Completed 4/12/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	93
Total Admissions 2017	121
Total Discharges 2017	165
Residents on 12/31/2017	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	22
Developmental Disability	1
Circulatory System	4
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 22

Total Residents Reported as Identified Offenders 9

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	117	117	49	117	49	68	115	115
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	117	117	49	117	49	68	115	115

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1305	3.1%	27745	66.1%	2359	0	1145	0	32554	76.2%	76.2%
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%
TOTALS	1305	3.1%	27745	66.1%	2359	0	1145	0	32554	76.2%	76.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	7	7	0	0	0	0	0	0	7	7	14
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	0	6	0	0	0	0	0	0	0	6	6
85+	5	1	0	0	0	0	0	0	5	1	6
TOTALS	23	26	0	0	0	0	0	0	23	26	49

Aperion Care Bloomington
1509 Calhoun St
Bloomington, IL. 61701

Classification Numbers

Facility ID	6001010	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	47	0	0	1	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	47	0	0	1	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	3.40
LPN's	5.60
Certified Aides	27.00
Other Health Staff	3.00
Non-Health Staff	25.00
Totals	67.00

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
10.9%	76.7%	0.0%	7.4%	5.1%	100.0%		
585,449	4,121,388	0	395,829	273,089	5,375,755	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Bridgeport
900 E Corporation St
Bridgeport, IL. 62417

Reference Numbers

Facility ID	6001150	
Health Service Area	005	
Planning Service Area	101	Lawrence
County	101	Lawrence County

Administrator
Lori Haynes

Contact Person and Telephone
Lori Haynes
618-945-2091

Registered Agent Information
Frederick Frankel
4655 W. Chase Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/11/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	67
Total Admissions 2017	58
Total Discharges 2017	62
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	12
Mental Illness	5
Developmental Disability	0
Circulatory System	10
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	63

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	85	85	63	63	36	56	99
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	99	85	85	63	63	36	56	99

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3073	15.0%	17563	48.6%	0	675	1816	0	23127	64.0%	74.5%
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%
TOTALS	3073	15.0%	17563	48.6%	0	675	1816	0	23127	64.0%	74.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	3	2	5
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	6	3	0	0	0	0	0	0	6	3	9
75 to 84	2	12	0	0	0	0	0	0	2	12	14
85+	7	15	0	0	0	0	0	0	7	15	22
TOTALS	18	34	0	0	0	0	0	0	18	34	52

Aperion Care Bridgeport
900 E Corporation St
Bridgeport, IL. 62417

Classification Numbers

Facility ID	6001150	
Health Service Area	005	
Planning Service Area	101	Lawrence
County	101	Lawrence County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	30	18	1	6	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	30	18	1	6	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	7.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	9.00
Totals	38.00

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
33.1%	56.2%	0.0%	4.2%	6.5%	100.0%		
1,567,674	2,664,667	0	201,160	309,672	4,743,173	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

APERION CARE BURBANK
5701 WEST 79TH ST
Burbank, IL. 60616

Reference Numbers

Facility ID	6007207	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Stickney Township

Administrator
AKEEM ABIOLA

Contact Person and Telephone
AKEEM ABIOLA
708-499-5400

Registered Agent Information

Date Questionnaire Completed 4/16/2018

Life Care Facility

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	53
Total Admissions 2017	111
Total Discharges 2017	108
Residents on 12/31/2017	56

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	5
*Nervous System Non Alzheimer	1
Alzheimer Disease	15
Mental Illness	2
Developmental Disability	0
Circulatory System	5
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	56

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	56	56	56	56	56	0	56	56
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	56	56	56	56	56	0	56	56

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6040	29.5%	10937	53.5%	0	923	1511	0	19411	95.0%	95.0%
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%
TOTALS	6040	29.5%	10937	53.5%	0	923	1511	0	19411	95.0%	95.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	11	10	0	0	0	0	0	0	11	10	21
75 to 84	14	12	0	0	0	0	0	0	14	12	26
85+	0	3	0	0	0	0	0	0	0	3	3
TOTALS	27	29	0	0	0	0	0	0	27	29	56

APERION CARE BURBANK
5701 WEST 79TH ST
Burbank, IL. 60616

Classification Numbers

Facility ID	6007207	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Stickney Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	10	8	15	5	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	10	8	15	5	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	6	0	0	0	6
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	46	0	0	0	46
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.80
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	15.00
Other Health Staff	20.00
Non-Health Staff	35.00
Totals	80.80

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
52.8%	37.0%	0.0%	4.6%	5.6%	100.0%		
3,196,927	2,241,388	0	277,263	340,323	6,055,901	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Cairo
2001 Cedar Street
Cairo, IL. 62914

Reference Numbers

Facility ID	6010342	
Health Service Area	005	
Planning Service Area	003	Alexander/Pulaski
County	003	Alexander County

Administrator
Robert Stephen Emling

Contact Person and Telephone
Robert Stephen Emling
618-734-1700

Registered Agent Information

Date Questionnaire Completed 4/14/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	64
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	2
Mental Illness	13
Developmental Disability	0
Circulatory System	3
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	65

Total Residents Diagnosed as Mentally Ill 45

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	83	83	73	83	65	18	83	83
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	83	83	73	83	65	18	83	83

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	849	2.8%	8799	29.0%	0	83	330	0	10061	33.2%	33.2%
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%
TOTALS	849	2.8%	8799	29.0%	0	83	330	0	10061	33.2%	33.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	6	4	0	0	0	0	0	0	6	4	10
60 to 64	5	1	0	0	0	0	0	0	5	1	6
65 to 74	11	6	0	0	0	0	0	0	11	6	17
75 to 84	10	4	0	0	0	0	0	0	10	4	14
85+	7	10	0	0	0	0	0	0	7	10	17
TOTALS	39	26	0	0	0	0	0	0	39	26	65

Aperion Care Cairo
2001 Cedar Street
Cairo, IL. 62914

Classification Numbers

Facility ID	6010342	
Health Service Area	005	
Planning Service Area	003	Alexander/Pulaski
County	003	Alexander County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	55	0	0	3	0	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	55	0	0	3	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pacific Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	16.00
Other Health Staff	7.00
Non-Health Staff	12.00
Totals	45.00

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
8.5%	87.2%	0.0%	0.8%	3.5%	100.0%		
116,196	1,193,935	0	10,880	48,170	1,369,181	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Capitol
555 West Carpenter
Springfield, IL. 62702

Reference Numbers

Facility ID	6002489	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Michael Barth

Contact Person and Telephone
Michael Barth
217-525-1880

Registered Agent Information
Fred Frankel
4655 West Chase Avenue
Lincolnwood, IL 60712

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	160
Total Admissions 2017	113
Total Discharges 2017	143
Residents on 12/31/2017	130

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	18
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	0
Mental Illness	12
Developmental Disability	13
Circulatory System	35
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	9
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	6
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	130

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	251	251	130	251	130	121	251	251
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	251	251	130	251	130	121	251	251

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	712	0.8%	5256	5.7%	0	228	259	0	6455	7.0%	7.0%
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%
TOTALS	712	0.8%	5256	5.7%	0	228	259	0	6455	7.0%	7.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	5	4	0	0	0	0	0	0	5	4	9
60 to 64	13	12	0	0	0	0	0	0	13	12	25
65 to 74	10	22	0	0	0	0	0	0	10	22	32
75 to 84	10	23	0	0	0	0	0	0	10	23	33
85+	5	25	0	0	0	0	0	0	5	25	30
TOTALS	43	87	0	0	0	0	0	0	43	87	130

Aperion Care Capitol
555 West Carpenter
Springfield, IL. 62702

Classification Numbers

Facility ID	6002489	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	102	0	4	6	0	130
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	102	0	4	6	0	130

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	23	0	0	0	23
Hawaiian/Pacific Isl.	1	0	0	0	1
White	105	0	0	0	105
Race Unknown	0	0	0	0	0
Total	130	0	0	0	130

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	130	0	0	0	130
Ethnicity Unknown	0	0	0	0	0
Total	130	0	0	0	130

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	22.00
Certified Aides	53.00
Other Health Staff	4.00
Non-Health Staff	29.00
Totals	112.00

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
10.6%	81.8%	0.0%	3.6%	4.0%	100.0%		
129,391	1,002,816	0	44,643	49,210	1,226,060	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

6/1/2016 Formerly Capitol Healthcare and Rehab Center.

Aperion Care Chicago Heights
490 West 16th Place
Chicago Heights, IL. 60411

Reference Numbers

Facility ID	6008064	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

Administrator
Jessica Gardner

Contact Person and Telephone
Jessica Gardner
708-481-4444

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Dr.
Springfield, IL 62703

Date Questionnaire Completed 4/16/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	194
Total Admissions 2017	116
Total Discharges 2017	122
Residents on 12/31/2017	188

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	39
Blood Disorders	6
*Nervous System Non Alzheimer	27
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	4
Circulatory System	36
Respiratory System	59
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	188

Total Residents Diagnosed as Mentally Ill 173

Total Residents Reported as Identified Offenders 45

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	200	198	198	198	188	12	45	190
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	200	198	198	198	188	12	45	190

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	69776	######	0	31	221	0	70028	95.9%	96.9%
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%
TOTALS	0	0.0%	69776	######	0	31	221	0	70028	95.9%	96.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	60	13	0	0	0	0	0	0	60	13	73
45 to 59	48	28	0	0	0	0	0	0	48	28	76
60 to 64	16	7	0	0	0	0	0	0	16	7	23
65 to 74	9	5	0	0	0	0	0	0	9	5	14
75 to 84	2	0	0	0	0	0	0	0	2	0	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	135	53	0	0	0	0	0	0	135	53	188

Aperion Care Chicago Heights
490 West 16th Place
Chicago Heights, IL. 60411

Classification Numbers

Facility ID	6008064	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	188	0	0	0	0	188
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	188	0	0	0	0	188

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	111	0	0	0	111
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	188	0	0	0	188

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	11	0	0	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	17.00
Certified Aides	27.00
Other Health Staff	23.00
Non-Health Staff	21.00
Totals	93.00

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
0.0%	99.4%	0.0%	0.0%	0.5%	100.0%		
0	10,298,132	0	4,605	56,370	10,359,107	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Dolton
14325 S Blackstone Ave
Dolton, IL. 60419

Reference Numbers

Facility ID	6002547	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

Administrator
Landra Cupil-Jones

Contact Person and Telephone
Landra Cupil-Jones
708-849-5000

Registered Agent Information
Fredrick Frankle
4655 West Chase Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	72
Total Admissions 2017	70
Total Discharges 2017	80
Residents on 12/31/2017	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	15
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	4
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	78	78	65	62	18	80	80
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	80	78	78	65	62	18	80	80

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3331	11.4%	20971	71.8%	0	1331	0	0	25633	87.8%	90.0%
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%
TOTALS	3331	11.4%	20971	71.8%	0	1331	0	0	25633	87.8%	90.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	5	0	5
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	3	17	0	0	0	0	0	0	3	17	20
TOTALS	23	39	0	0	0	0	0	0	23	39	62

Aperion Care Dolton
14325 S Blackstone Ave
Dolton, IL. 60419

Classification Numbers

Facility ID	6002547	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	56	0	1	0	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	56	0	1	0	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	52	0	0	0	52
Hawaiian/Pacific Isl.	0	0	0	0	0
White	10	0	0	0	10
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	25.00
Certified Aides	30.00
Other Health Staff	6.00
Non-Health Staff	22.00
Totals	89.00

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
31.6%	63.6%	0.0%	4.8%	0.0%	100.0%		
1,934,740	3,895,055	0	292,271	0	6,122,066	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Elgin
134 N Mclean Blvd
Elgin, IL. 60123

Reference Numbers

Facility ID	6005847	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Jamie Lloyd

Contact Person and Telephone
David Glat
847-742-8822

Registered Agent Information

Date Questionnaire Completed 4/16/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	88
Total Admissions 2017	62
Total Discharges 2017	66
Residents on 12/31/2017	84

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	8
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	12
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	41
Non-Medical Conditions	0
TOTALS	84

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	102	97	94	97	84	18	52	102
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	102	97	94	97	84	18	52	102

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2133	11.2%	28868	77.5%	0	21	1375	0	32397	87.0%	91.5%
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%
TOTALS	2133	11.2%	28868	77.5%	0	21	1375	0	32397	87.0%	91.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	12	12	0	0	0	0	0	0	12	12	24
60 to 64	7	8	0	0	0	0	0	0	7	8	15
65 to 74	6	16	0	0	0	0	0	0	6	16	22
75 to 84	10	7	0	0	0	0	0	0	10	7	17
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	38	46	0	0	0	0	0	0	38	46	84

Aperion Care Elgin
134 N Mclean Blvd
Elgin, IL. 60123

Classification Numbers

Facility ID	6005847	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	79	0	0	3	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	79	0	0	3	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	20	0	0	0	20
Non-Hispanic	54	0	0	0	54
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	9.00
Certified Aides	32.00
Other Health Staff	2.00
Non-Health Staff	39.00
Totals	90.00

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
19.0%	72.8%	0.0%	4.6%	3.6%	100.0%		
1,185,425	4,538,907	0	284,457	224,245	6,233,034	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Evanston
1300 Oak Ave.
Evanston, IL. 60201

Reference Numbers

Facility ID	6006845	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

Administrator
Meir Katzenstein

Contact Person and Telephone
meirk@aperioncare.com
847-869-1300

Registered Agent Information
Fred Frankel
4655 W. Chase Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	54
Total Admissions 2017	36
Total Discharges 2017	35
Residents on 12/31/2017	55

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	17
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	55

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	57	57	57	57	55	2	0	57
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	57	57	57	57	55	2	0	57

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2698	0.0%	14260	68.5%	0	517	1917	0	19392	93.2%	93.2%
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%
TOTALS	2698	0.0%	14260	68.5%	0	517	1917	0	19392	93.2%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	1	0	0	0	0	0	0	4	1	5
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	11	7	0	0	0	0	0	0	11	7	18
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	3	10	0	0	0	0	0	0	3	10	13
TOTALS	26	29	0	0	0	0	0	0	26	29	55

Aperion Care Evanston
1300 Oak Ave.
Evanston, IL. 60201

Classification Numbers

Facility ID	6006845	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	36	4	0	5	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	36	4	0	5	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	17	0	0	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.87
LPN's	5.40
Certified Aides	136.80
Other Health Staff	2.00
Non-Health Staff	16.65
Totals	165.72

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%	56.2%	0.0%	2.6%	9.6%	100.0%		
1,580,327	2,804,598	0	128,632	477,564	4,991,121	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Fairfield LLC
305 NW 11th Street
Fairfield, IL. 62837

Reference Numbers

Facility ID	6009815	
Health Service Area	005	
Planning Service Area	191	Wayne
County	191	Wayne County

Administrator
Linda Orndorff

Contact Person and Telephone
Linda Orndorff
618-842-3036

Registered Agent Information
Frederick Frankel
4655 W. Chase Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/12/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	72
Total Admissions 2017	91
Total Discharges 2017	110
Residents on 12/31/2017	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	0
Circulatory System	0
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	15
Non-Medical Conditions	9
TOTALS	53

Total Residents Diagnosed as Mentally Ill 38

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	104	104	81	104	53	51	104	104
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	104	104	81	104	53	51	104	104

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2254	5.9%	15723	41.4%	0	173	5763	0	23913	63.0%	63.0%
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%
TOTALS	2254	5.9%	15723	41.4%	0	173	5763	0	23913	63.0%	63.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	1	2	3
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	6	16	0	0	0	0	0	0	6	16	22
TOTALS	17	36	0	0	0	0	0	0	17	36	53

Aperion Care Fairfield LLC
305 NW 11th Street
Fairfield, IL. 62837

Classification Numbers

Facility ID	6009815	
Health Service Area	005	
Planning Service Area	191	Wayne
County	191	Wayne County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	46	0	0	0	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	46	0	0	0	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	6.00
Certified Aides	28.00
Other Health Staff	2.00
Non-Health Staff	32.00
Totals	77.00

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
7.9%	67.8%	0.0%	2.0%	22.3%	100.0%		
100,415	864,744	0	25,214	284,712	1,275,085	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Galesburg
1145 Frank Street
Galesburg, IL. 61401

Reference Numbers

Facility ID	6000434	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

Administrator
Dustin McDonald

Contact Person and Telephone
Jennifer Diaz
815-664-4708

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 61703

Date Questionnaire Completed 4/13/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	93
Total Admissions 2017	87
Total Discharges 2017	89
Residents on 12/31/2017	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	40
Developmental Disability	0
Circulatory System	3
Respiratory System	14
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 88

Total Residents Reported as Identified Offenders 19

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	108	108	91	108	91	17	28	108
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	108	108	91	108	91	17	28	108

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2114	20.7%	30557	77.5%	586	37	1023	0	34317	87.1%	87.1%
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%
TOTALS	2114	20.7%	30557	77.5%	586	37	1023	0	34317	87.1%	87.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	7	0	0	0	0	0	0	5	7	12
45 to 59	24	21	0	0	0	0	0	0	24	21	45
60 to 64	7	4	0	0	0	0	0	0	7	4	11
65 to 74	10	6	0	0	0	0	0	0	10	6	16
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	2	1	0	0	0	0	0	0	2	1	3
TOTALS	50	41	0	0	0	0	0	0	50	41	91

Aperion Care Galesburg
1145 Frank Street
Galesburg, IL. 61401

Classification Numbers

Facility ID	6000434	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	81	2	0	2	0	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	81	2	0	2	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	1	0	0	0	1
White	84	0	0	0	84
Race Unknown		0	0	0	
Total		0	0	0	

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	91	0	0	0	91
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	9.00
Certified Aides	23.00
Other Health Staff	3.00
Non-Health Staff	35.00
Totals	76.00

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
18.7%	74.8%	0.0%	3.5%	3.0%	100.0%		
1,163,523	4,649,835	0	217,308	188,100	6,218,766	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

4/1/2016 Formerly Galesburg Terrace and River Crossing Rehab.

Aperion Care Highwood
50 Pleasant ave
Highwood , IL. 60040

Reference Numbers

Facility ID	6007280	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Katherine Geigel

Contact Person and Telephone
Katherine Geigel
847-432-9142

Registered Agent Information
Fred Frankel
4655 W. Chase Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/13/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	74
Total Admissions 2017	162
Total Discharges 2017	162
Residents on 12/31/2017	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	17
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	4
Non-Medical Conditions	3
TOTALS	74

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	104	104	89	104	74	30	104	104
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	104	104	89	104	74	30	104	104

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2856	7.5%	18187	47.9%	0	1399	5770	0	28212	74.3%	74.3%
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%
TOTALS	2856	7.5%	18187	47.9%	0	1399	5770	0	28212	74.3%	74.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	5	2	0	0	0	0	0	0	5	2	7
60 to 64	5	1	0	0	0	0	0	0	5	1	6
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	6	15	0	0	0	0	0	0	6	15	21
85+	6	24	0	0	0	0	0	0	6	24	30
TOTALS	27	47	0	0	0	0	0	0	27	47	74

Aperion Care Highwood
50 Pleasant ave
Highwood , IL. 60040

Classification Numbers

Facility ID	6007280	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	7	44	0	13	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	7	44	0	13	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	1	0	0	0	1
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	6.00
Certified Aides	15.00
Other Health Staff	2.00
Non-Health Staff	23.00
Totals	54.00

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
24.4%	47.2%	0.0%	5.3%	23.0%	100.0%		
1,717,520	3,322,846	0	374,992	1,617,959	7,033,317	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

APERION CARE INTERNATIONAL
4815 SOUTH WESTERN BLVD
Chicago, IL. 60609

Reference Numbers

Facility ID	6014617	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 59 - McKinley Park

Administrator
David Seitler

Contact Person and Telephone
David Seitler
773-927-4200

Registered Agent Information
Fred Frankel
4655 West Chase Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	156
Total Admissions 2017	453
Total Discharges 2017	452
Residents on 12/31/2017	157

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	33
Endocrine/Metabolic	15
Blood Disorders	14
*Nervous System Non Alzheimer	15
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	24
Digestive System	12
Genitourinary System Disorders	4
Skin Disorders	13
Musculo-skeletal Disorders	9
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	157

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	218	181	180	181	157	61	218	218
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	218	181	180	181	157	61	218	218

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	19087	24.0%	35152	44.2%	0	2749	979	0	57967	72.9%	87.7%
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%
TOTALS	19087	24.0%	35152	44.2%	0	2749	979	0	57967	72.9%	87.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	0	0	0	0	0	0	3	1	4
45 to 59	5	7	0	0	0	0	0	0	5	7	12
60 to 64	4	8	0	0	0	0	0	0	4	8	12
65 to 74	18	23	0	0	0	0	0	0	18	23	41
75 to 84	24	29	0	0	0	0	0	0	24	29	53
85+	11	24	0	0	0	0	0	0	11	24	35
TOTALS	65	92	0	0	0	0	0	0	65	92	157

APERION CARE INTERNATIONAL
4815 SOUTH WESTERN BLVD
Chicago, IL. 60609

Classification Numbers

Facility ID	6014617	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 59 - McKinley Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	48	100	0	5	4	0	157
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	48	100	0	5	4	0	157

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	95	0	0	0	95
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	7	0	0	0	7
Total	157	0	0	0	157

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	50	0	0	0	50
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	0	0	0	0	0
Total	157	0	0	0	157

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	1.00
Director of Nursing	2.00
Registered Nurses	7.80
LPN's	20.70
Certified Aides	37.00
Other Health Staff	8.10
Non-Health Staff	32.55
Totals	111.15

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
59.0%	33.4%	0.0%	6.0%	1.6%	100.0%		
11,092,343	6,283,836	0	1,129,411	305,160	18,810,750	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Jacksonville
1021 N. Church St.
Jacksonville, IL. 62650

Reference Numbers

Facility ID	6008650	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	137	Morgan County

Administrator
Peggy Turke

Contact Person and Telephone
Peggy Turke
217-245-4174

Registered Agent Information
Fred Frankel
4655 W. Chase Avenue
Lincolnwood, IL 60712

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	70
Total Admissions 2017	93
Total Discharges 2017	84
Residents on 12/31/2017	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	15
Developmental Disability	0
Circulatory System	9
Respiratory System	28
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 20

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	113	0	0	113	79	34	23	113
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	113	0	0	113	79	34	23	113

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1246	14.8%	24520	59.4%	0	2571	0	28337	56674	137.4%	0.0%
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%
TOTALS	1246	14.8%	24520	59.4%	0	2571	0	28337	56674	137.4%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	12	5	0	0	0	0	0	0	12	5	17
60 to 64	13	3	0	0	0	0	0	0	13	3	16
65 to 74	9	9	0	0	0	0	0	0	9	9	18
75 to 84	10	4	0	0	0	0	0	0	10	4	14
85+	2	5	0	0	0	0	0	0	2	5	7
TOTALS	52	27	0	0	0	0	0	0	52	27	79

Aperion Care Jacksonville
1021 N. Church St.
Jacksonville, IL. 62650

Classification Numbers

Facility ID	6008650	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	137	Morgan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	72	0	1	1	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	72	0	1	1	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	12.00
Certified Aides	37.00
Other Health Staff	0.00
Non-Health Staff	30.00
Totals	87.00

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
12.0%	78.0%	0.0%	9.9%	0.0%	100.0%		
545,010	3,539,951	0	451,297	0	4,536,258	13,992	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Litchfield
1024 E. Tyler
Litchfield, IL. 62056

Reference Numbers

Facility ID	6000095	
Health Service Area	003	
Planning Service Area	135	Montgomery
County	135	Montgomery County

Administrator
Andy Kindernay

Contact Person and Telephone
Andy Kindernay
217-324-3842

Registered Agent Information
Aperion Care Litchfield
1024 E. Tyler
Litchfield, IL 62056

Date Questionnaire Completed 4/13/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	62
Total Admissions 2017	11
Total Discharges 2017	11
Residents on 12/31/2017	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	18
Developmental Disability	0
Circulatory System	4
Respiratory System	32
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 18

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	65	65	65	65	62	3	0	65
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	65	65	65	65	62	3	0	65

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	23051	97.2%	0	0	63	0	23114	97.4%	97.4%
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%
TOTALS	0	0.0%	23051	97.2%	0	0	63	0	23114	97.4%	97.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	2	0	0	0	0	0	0	7	2	9
45 to 59	9	5	0	0	0	0	0	0	9	5	14
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	10	10	0	0	0	0	0	0	10	10	20
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	36	26	0	0	0	0	0	0	36	26	62

Aperion Care Litchfield
1024 E. Tyler
Litchfield, IL. 62056

Classification Numbers

Facility ID	6000095	
Health Service Area	003	
Planning Service Area	135	Montgomery
County	135	Montgomery County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	62	0	0	0	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	62	0	0	0	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	8.00
Certified Aides	17.00
Other Health Staff	2.00
Non-Health Staff	17.00
Totals	48.00

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
0.0%	99.7%	0.0%	0.0%	0.3%	100.0%		
0	3,294,641	0	0	11,340	3,305,981	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Marseilles, LLC
578 Commercial Street
Marseilles, IL. 61341

Reference Numbers

Facility ID	6008015	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

Administrator
Sherry S. Norvell

Contact Person and Telephone
Sherry S. Norvell
815-795-5121

Registered Agent Information
Frederick S. Frankel
4655 West Chase Avenue
Lincolnwood, IL 60712

Date Questionnaire Completed 4/10/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	72
Total Admissions 2017	98
Total Discharges 2017	106
Residents on 12/31/2017	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	9
Mental Illness	12
Developmental Disability	1
Circulatory System	20
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	103	0	64	0	64	39	103	102
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	103	0	64	0	64	39	103	102

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	547	1.5%	2650	7.1%	0	136	437	0	3770	10.0%	0.0%
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%
TOTALS	547	1.5%	2650	7.1%	0	136	437	0	3770	10.0%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	6	3	0	0	0	0	0	0	6	3	9
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	1	6	0	0	0	0	0	0	1	6	7
TOTALS	24	40	0	0	0	0	0	0	24	40	64

Aperion Care Marseilles, LLC
578 Commercial Street
Marseilles, IL. 61341

Classification Numbers

Facility ID	6008015	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	49	0	1	7	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	49	0	1	7	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.23
LPN's	2.52
Certified Aides	23.05
Other Health Staff	1.00
Non-Health Staff	27.01
Totals	66.81

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
14.0%	70.4%	0.0%	3.6%	12.0%	100.0%		
100,619	504,620	0	25,840	85,790	716,869	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Mascoutah
901 North Main Street
Mascoutah, IL. 62258

Reference Numbers

Facility ID	6003768	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Robert Krebs

Contact Person and Telephone
Robert Krebs
618-566-2183

Registered Agent Information
Fred Frankel
4655 West Chaxe Avenue
Lincolnwood, IL 60712

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	35
Total Admissions 2017	53
Total Discharges 2017	49
Residents on 12/31/2017	39

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	9
Developmental Disability	0
Circulatory System	6
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	39

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	55	55	44	55	39	16	55	55
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	55	55	44	55	39	16	55	55

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	265	1.3%	4215	21.0%	0	170	1322	0	5972	29.7%	29.7%
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%
TOTALS	265	1.3%	4215	21.0%	0	170	1322	0	5972	29.7%	29.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	0	0	0	0	0	0	0	3	0	3
45 to 59	0	4	0	0	0	0	0	0	0	4	4
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	3	7	0	0	0	0	0	0	3	7	10
85+	1	9	0	0	0	0	0	0	1	9	10
TOTALS	13	26	0	0	0	0	0	0	13	26	39

Aperion Care Mascoutah
901 North Main Street
Mascoutah, IL. 62258

Classification Numbers

Facility ID	6003768	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	0	0	0	0	0
Total	39	0	0	0	39

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	39	0	0	0	39
Ethnicity Unknown	0	0	0	0	0
Total	39	0	0	0	39

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	5.60
Certified Aides	12.22
Other Health Staff	1.00
Non-Health Staff	14.00
Totals	36.82

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
4.2%	70.1%	0.0%	2.8%	22.8%	100.0%		
35,380	590,100	0	23,800	191,965	841,245	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

APERION CARE MIDLOTHIAN
3249 147TH STREET
Midlothian, IL. 60445

Reference Numbers

Facility ID	6001077	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

Administrator
LEOLA MIXON

Contact Person and Telephone
LEOLA MIXON
708-389-3141

Registered Agent Information
FRED FRANKEL
4655 W. CHASE AVE
Lincolnwood, IL 60712

Date Questionnaire Completed 4/16/2018

Life Care Facility

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	86
Total Admissions 2017	68
Total Discharges 2017	69
Residents on 12/31/2017	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	5
Mental Illness	24
Developmental Disability	0
Circulatory System	24
Respiratory System	11
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 81

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	91	91	89	91	85	6	48	91
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	91	91	89	91	85	6	48	91

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2014	11.5%	28605	86.1%	0	265	72	0	30956	93.2%	93.2%
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%
TOTALS	2014	11.5%	28605	86.1%	0	265	72	0	30956	93.2%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	0	0	0	0	0	0	3	1	4
45 to 59	17	9	0	0	0	0	0	0	17	9	26
60 to 64	14	8	0	0	0	0	0	0	14	8	22
65 to 74	14	10	0	0	0	0	0	0	14	10	24
75 to 84	1	6	0	0	0	0	0	0	1	6	7
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	49	36	0	0	0	0	0	0	49	36	85

APERION CARE MIDLOTHIAN
3249 147TH STREET
Midlothian, IL. 60445

Classification Numbers

Facility ID	6001077	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	81	0	0	0	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	81	0	0	0	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	40	0	0	0	40
Hawaiian/Pacific Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	8	0	0	0	8
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	3.02
LPN's	10.68
Certified Aides	23.43
Other Health Staff	5.33
Non-Health Staff	12.73
Totals	57.28

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
17.7%	80.3%	0.0%	1.8%	0.2%	100.0%		
1,056,693	4,791,078	0	106,305	14,532	5,968,608	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Moline
430 30th Avenue
East Moline, IL. 61244

Reference Numbers

Facility ID	6002646	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

Administrator
Tara Wassell

Contact Person and Telephone
Tara Wassell
309-755-3466

Registered Agent Information
CT Corportaion System
208 S LaSalle Street Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/16/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	83
Total Admissions 2017	127
Total Discharges 2017	129
Residents on 12/31/2017	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	5
Mental Illness	15
Developmental Disability	0
Circulatory System	26
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	81

Total Residents Diagnosed as Mentally Ill 73

Total Residents Reported as Identified Offenders 9

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	92	120	81	39	72	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	92	120	81	39	72	120

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2369	9.0%	27509	62.8%	0	1477	1130	0	32485	74.2%	74.2%
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%
TOTALS	2369	9.0%	27509	62.8%	0	1477	1130	0	32485	74.2%	74.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	12	5	0	0	0	0	0	0	12	5	17
60 to 64	11	8	0	0	0	0	0	0	11	8	19
65 to 74	8	9	0	0	0	0	0	0	8	9	17
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	0	9	0	0	0	0	0	0	0	9	9
TOTALS	38	43	0	0	0	0	0	0	38	43	81

Aperion Care Moline
430 30th Avenue
East Moline, IL. 61244

Classification Numbers

Facility ID	6002646	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	70	0	0	4	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	70	0	0	4	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	11.00
Certified Aides	35.00
Other Health Staff	4.00
Non-Health Staff	26.00
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
19.9%	72.6%	0.0%	4.1%	3.3%	100.0%		
1,230,363	4,490,494	0	254,305	206,320	6,181,482	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Morton Terrace
191 E Queenwood Road
Morton, IL. 61550

Reference Numbers

Facility ID	6006407	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Becky Hubbard

Contact Person and Telephone
Becky Hubbard
309-266-5331

Registered Agent Information
Fred Frankel
4655 West Chase Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	97
Total Admissions 2017	86
Total Discharges 2017	111
Residents on 12/31/2017	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	8
Mental Illness	26
Developmental Disability	1
Circulatory System	7
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 26

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	166	166	97	166	72	94	46	166
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	166	166	97	166	72	94	46	166

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3	0.0%	62	0.1%	0	0	7	0	72	0.1%	0.1%
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%
TOTALS	3	0.0%	62	0.1%	0	0	7	0	72	0.1%	0.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	5	5	0	0	0	0	0	0	5	5	10
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	7	18	0	0	0	0	0	0	7	18	25
TOTALS	30	42	0	0	0	0	0	0	30	42	72

Aperion Care Morton Terrace
191 E Queenwood Road
Morton, IL. 61550

Classification Numbers

Facility ID	6006407	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	62	0	0	7	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	62	0	0	7	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	1	0	0	0	1
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.35
LPN's	8.77
Certified Aides	29.92
Other Health Staff	8.31
Non-Health Staff	20.81
Totals	74.16

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%	74.9%	0.0%	6.2%	13.4%	100.0%		
45,718	623,323	0	51,800	111,541	832,382	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Morton Villa
190 E. Queenwood Rd
Morton, IL. 61550

Reference Numbers

Facility ID	6006399	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Erica Otto

Contact Person and Telephone
Erica Otto
309-266-9741

Registered Agent Information
Fred Frankel
4655 W. Chase Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/11/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	76
Total Admissions 2017	78
Total Discharges 2017	73
Residents on 12/31/2017	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	0
Circulatory System	12
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	6
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	81

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	106	99	81	99	81	25	106	106
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	106	99	81	99	81	25	106	106

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2637	6.8%	20943	54.1%	0	152	2053	0	25785	66.6%	71.4%
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%
TOTALS	2637	6.8%	20943	54.1%	0	152	2053	0	25785	66.6%	71.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	0	0	0	0	0	0	5	4	9
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	9	20	0	0	0	0	0	0	9	20	29
TOTALS	29	52	0	0	0	0	0	0	29	52	81

Aperion Care Morton Villa
190 E. Queenwood Rd
Morton, IL. 61550

Classification Numbers

Facility ID	6006399	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	68	0	0	7	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	68	0	0	7	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.49
LPN's	5.55
Certified Aides	22.31
Other Health Staff	4.97
Non-Health Staff	30.17
Totals	71.49

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
11.2%	67.8%	0.0%	12.7%	8.3%	100.0%		
89,849	545,440	0	101,860	66,920	804,069	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Oak Lawn
9401 S. Ridgeland Ave
Oak Lawn, IL. 60453

Reference Numbers

Facility ID	6002059	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

Administrator
Zev Brody

Contact Person and Telephone
Norme Torres
708-599-6700

Registered Agent Information
Frederick S. Frankel
4655 West Chase
Lincolnwood, IL 60712

Date Questionnaire Completed 4/19/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	117
Total Admissions 2017	205
Total Discharges 2017	215
Residents on 12/31/2017	107

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	28
Blood Disorders	0
*Nervous System Non Alzheimer	44
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	1
Circulatory System	0
Respiratory System	23
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	107

Total Residents Diagnosed as Mentally Ill 107

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	134	131	125	131	107	27	134	134
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	134	131	125	131	107	27	134	134

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3583	7.3%	32957	67.4%	1442	2733	1609	0	42324	86.5%	88.5%
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%
TOTALS	3583	7.3%	32957	67.4%	1442	2733	1609	0	42324	86.5%	88.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	10	5	0	0	0	0	0	0	10	5	15
60 to 64	7	4	0	0	0	0	0	0	7	4	11
65 to 74	9	13	0	0	0	0	0	0	9	13	22
75 to 84	8	13	0	0	0	0	0	0	8	13	21
85+	4	34	0	0	0	0	0	0	4	34	38
TOTALS	38	69	0	0	0	0	0	0	38	69	107

Aperion Care Oak Lawn
9401 S. Ridgeland Ave
Oak Lawn, IL. 60453

Classification Numbers

Facility ID	6002059	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	87	0	1	6	0	107
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	87	0	1	6	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	50	0	0	0	50
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	107	0	0	0	107

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	0	0	0	0	0
Total	107	0	0	0	107

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.03
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	10.00
Certified Aides	29.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	67.03

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
20.5%	66.0%	2.7%	6.4%	4.4%	100.0%		
2,045,813	6,575,007	273,500	640,104	433,730	9,968,154	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Olney, LLC Burgin Manor
900 E Scott Street
Olney, IL. 62450

Reference Numbers

Facility ID	6001275	
Health Service Area	005	
Planning Service Area	159	Richland
County	159	Richland County

Administrator
Beth Horton-Seymore RN BSN LNHA

Contact Person and Telephone
Beth Horton-Seymore
618-395-1000

Registered Agent Information
Fred Frankel
4655 W. Chase Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	88
Total Admissions 2017	85
Total Discharges 2017	102
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	5
Mental Illness	20
Developmental Disability	0
Circulatory System	6
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	3
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	71

Total Residents Diagnosed as Mentally Ill 20

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	157	157	0	150	71	86	157	137
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	157	157	0	150	71	86	157	137

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2652	4.6%	17574	35.1%	0	239	9161	0	29626	51.7%	51.7%
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%
TOTALS	2652	4.6%	17574	35.1%	0	239	9161	0	29626	51.7%	51.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	6	0	0	0	0	0	0	3	6	9
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	2	17	0	0	0	0	0	0	2	17	19
85+	6	24	0	0	0	0	0	0	6	24	30
TOTALS	16	55	0	0	0	0	0	0	16	55	71

Aperion Care Olney, LLC Burgin Manor
900 E Scott Street
Olney, IL. 62450

Classification Numbers

Facility ID	6001275	
Health Service Area	005	
Planning Service Area	159	Richland
County	159	Richland County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	48	0	0	17	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	48	0	0	17	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	9.50
LPN's	9.20
Certified Aides	33.60
Other Health Staff	28.10
Non-Health Staff	30.00
Totals	112.60

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
23.4%	46.9%	0.0%	2.2%	27.5%	100.0%		
1,307,105	2,615,462	0	122,686	1,534,634	5,579,887	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

2/1/2016 Change of ownership occurred.

APERION CARE PEORIA HEIGHTS
1629 GARDNER LANE
Peoria Heights, IL. 61616

Reference Numbers

Facility ID	6004147	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

Administrator
Randi Lienhart

Contact Person and Telephone
Randi Lienhart
309-685-1545

Registered Agent Information
Frederick Frankel
4655 West Chase Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	86
Total Admissions 2017	86
Total Discharges 2017	88
Residents on 12/31/2017	84

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	17
Respiratory System	10
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	110	0	0	110	69	41	110	110
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	110	0	0	110	69	41	110	110

FACILITY UTILIZATION - 2017
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	80	0.2%	2911	7.3%	0	352	230	0	3573	8.9%	0.0%
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%
TOTALS	80	0.2%	2911	7.3%	0	352	230	0	3573	8.9%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	8	6	0	0	0	0	0	0	8	6	14
60 to 64	8	1	0	0	0	0	0	0	8	1	9
65 to 74	16	9	0	0	0	0	0	0	16	9	25
75 to 84	3	10	0	0	0	0	0	0	3	10	13
85+	1	5	0	0	0	0	0	0	1	5	6
TOTALS	38	31	0	0	0	0	0	0	38	31	69

APERION CARE PEORIA HEIGHTS
1629 GARDNER LANE
Peoria Heights, IL. 61616

Classification Numbers

Facility ID	6004147	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	16	46	0	1	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	16	46	0	1	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	1	0	0	0	1
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.40
Director of Nursing	1.00
Registered Nurses	3.60
LPN's	9.70
Certified Aides	19.20
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	35.90

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
2.3%	81.4%	0.0%	9.8%	6.4%	100.0%		
14,527	509,425	0	61,600	40,250	625,802	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Plum Grove
24 S. Plum Grove Road
Palatine, IL. 60067

Reference Numbers

Facility ID	6007520	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Palatine Township

Administrator
John Schlack

Contact Person and Telephone
John Schalck
847-358-0311

Registered Agent Information
Fred Frankel
4655 West Chase Avenue
Lincolnwood, IL 60712

Date Questionnaire Completed 4/10/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	60
Total Admissions 2017	80
Total Discharges 2017	79
Residents on 12/31/2017	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	17
Mental Illness	18
Developmental Disability	0
Circulatory System	16
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 18

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	69	69	63	67	61	8	5	69
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	69	69	63	67	61	8	5	69

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2533	138.8%	14657	58.2%	0	1457	3122	0	21769	86.4%	86.4%
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%
TOTALS	2533	138.8%	14657	58.2%	0	1457	3122	0	21769	86.4%	86.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	6	0	0	0	0	0	0	0	6	0	6
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	9	4	0	0	0	0	0	0	9	4	13
75 to 84	7	7	0	0	0	0	0	0	7	7	14
85+	5	18	0	0	0	0	0	0	5	18	23
TOTALS	29	32	0	0	0	0	0	0	29	32	61

Aperion Care Plum Grove
24 S. Plum Grove Road
Palatine, IL. 60067

Classification Numbers

Facility ID	6007520	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Palatine Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	50	0	0	6	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	50	0	0	6	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.50
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.45
LPN's	6.09
Certified Aides	17.10
Other Health Staff	0.00
Non-Health Staff	20.45
Totals	47.59

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
28.1%	51.5%	0.0%	5.3%	15.1%	100.0%		
1,472,151	2,694,953	0	275,098	792,811	5,235,013	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

APERION CARE PRINCETON
515 BUREAU VALLEY PARKWAY
Princeton, IL. 61356

Reference Numbers

Facility ID	6001945	
Health Service Area	002	
Planning Service Area	011	Bureau/Putnam
County	011	Bureau County

Administrator
LouAnne Kenwick

Contact Person and Telephone
LouAnne Kenwick
815-875-3347

Registered Agent Information

Date Questionnaire Completed 4/13/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	69
Total Admissions 2017	153
Total Discharges 2017	150
Residents on 12/31/2017	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	1
Mental Illness	19
Developmental Disability	0
Circulatory System	15
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	92	92	86	92	72	20	92	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	86	92	72	20	92	92

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	394	1.2%	1892	5.6%	0	130	1846	0	4262	12.7%	12.7%
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%
TOTALS	394	1.2%	1892	5.6%	0	130	1846	0	4262	12.7%	12.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	2	0	0	0	0	0	0	2	2	4
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	8	29	0	0	0	0	0	0	8	29	37
TOTALS	24	48	0	0	0	0	0	0	24	48	72

APERION CARE PRINCETON
515 BUREAU VALLEY PARKWAY
Princeton, IL. 61356

Classification Numbers

Facility ID	6001945	
Health Service Area	002	
Planning Service Area	011	Bureau/Putnam
County	011	Bureau County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	33	0	3	30	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	33	0	3	30	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	1	0	0	0	1
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.50
LPN's	5.00
Certified Aides	26.50
Other Health Staff	0.00
Non-Health Staff	36.00
Totals	78.00

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
9.1%	43.7%	0.0%	3.1%	44.1%	100.0%		
64,910	312,185	0	22,428	314,977	714,500	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Spring Valley
1300 North Greenwood Street
Spring Valley, IL. 61362

Reference Numbers

Facility ID	6008783	
Health Service Area	002	
Planning Service Area	011	Bureau/Putnam
County	011	Bureau County

Administrator
Jennifer Diaz

Contact Person and Telephone
Jennifer Diaz
815-664-4708

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 61703

Date Questionnaire Completed 3/29/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	84
Total Admissions 2017	151
Total Discharges 2017	150
Residents on 12/31/2017	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	5
Developmental Disability	5
Circulatory System	25
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	40
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	88	98	88	10	98	98
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	98	98	88	98	88	10	98	98

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5159	14.4%	19367	54.1%	3080	577	2481	0	30664	85.7%	85.7%
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%
TOTALS	5159	14.4%	19367	54.1%	3080	577	2481	0	30664	85.7%	85.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	11	7	0	0	0	0	0	0	11	7	18
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	10	11	0	0	0	0	0	0	10	11	21
75 to 84	8	8	0	0	0	0	0	0	8	8	16
85+	0	20	0	0	0	0	0	0	0	20	20
TOTALS	36	52	0	0	0	0	0	0	36	52	88

Aperion Care Spring Valley
1300 North Greenwood Street
Spring Valley, IL. 61362

Classification Numbers

Facility ID	6008783	
Health Service Area	002	
Planning Service Area	011	Bureau/Putnam
County	011	Bureau County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	67	0	1	4	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	67	0	1	4	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	7.00
Certified Aides	36.00
Other Health Staff	2.00
Non-Health Staff	36.00
Totals	92.00

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
37.3%	50.6%	0.0%	5.8%	6.3%	100.0%		
2,593,407	3,519,228	0	401,247	440,002	6,953,884	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Springfield
525 S. Martin Luther King Drive
Springfield, IL. 62703

Reference Numbers

Facility ID	6002661	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Jacqueline Liddell

Contact Person and Telephone
Jacqueline Liddell
217-789-1680

Registered Agent Information
Fred Frankel
4655 West Chase Avenue
Lincolnwood, IL 60712

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	61
Total Admissions 2017	15
Total Discharges 2017	15
Residents on 12/31/2017	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	58
Developmental Disability	3
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
TOTALS	61

Total Residents Diagnosed as Mentally Ill 58

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	65	65	65	65	61	4	0	65
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	65	65	65	65	61	4	0	65

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	61	0.3%	0	0	0	0	61	0.3%	0.3%
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%
TOTALS	0	0.0%	61	0.3%	0	0	0	0	61	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	4	0	0	0	0	0	0	2	4	6
45 to 59	12	11	0	0	0	0	0	0	12	11	23
60 to 64	7	4	0	0	0	0	0	0	7	4	11
65 to 74	10	6	0	0	0	0	0	0	10	6	16
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	34	27	0	0	0	0	0	0	34	27	61

Aperion Care Springfield
525 S. Martin Luther King Drive
Springfield, IL. 62703

Classification Numbers

Facility ID	6002661	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	60	0	1	0	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	60	0	1	0	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	18.00
Other Health Staff	3.00
Non-Health Staff	18.00
Totals	50.00

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
0.0%	97.1%	0.0%	1.5%	1.4%	100.0%		
0	3,225,024	0	48,737	47,300	3,321,061	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care St. Elmo
221 E.Cumberland Rd.
St. Elmo, IL. 62458

Reference Numbers

Facility ID	6004204	
Health Service Area	005	
Planning Service Area	051	Fayette
County	051	Fayette County

Administrator
Nancy Gelsinger

Contact Person and Telephone
Nancy Gelsinger
618-829-5581

Registered Agent Information
VCorp
208 S LaSalle #814
Chicago, IL 60604

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	34
Total Admissions 2017	9
Total Discharges 2017	4
Residents on 12/31/2017	39

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	7
Mental Illness	6
Developmental Disability	1
Circulatory System	5
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	2
TOTALS	39

Total Residents Diagnosed as Mentally Ill 19

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	56	39	56	39	21	44	60
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	60	56	39	56	39	21	44	60

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1244	7.7%	7500	34.2%	0	231	3511	0	12486	57.0%	61.1%
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%
TOTALS	1244	7.7%	7500	34.2%	0	231	3511	0	12486	57.0%	61.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	2	0	0	0	0	0	0	2	2	4
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	2	9	0	0	0	0	0	0	2	9	11
85+	6	11	0	0	0	0	0	0	6	11	17
TOTALS	14	25	0	0	0	0	0	0	14	25	39

Aperion Care St. Elmo
221 E.Cumberland Rd.
St. Elmo, IL. 62458

Classification Numbers

Facility ID	6004204	
Health Service Area	005	
Planning Service Area	051	Fayette
County	051	Fayette County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	24	0	0	7	0	39
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	24	0	0	7	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	39	0	0	0	39

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	39	0	0	0	39
Ethnicity Unknown	0	0	0	0	0
Total	39	0	0	0	39

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.50
Certified Aides	17.00
Other Health Staff	1.00
Non-Health Staff	15.50
Totals	45.00

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
24.5%	47.8%	0.0%	3.8%	23.8%	100.0%		
619,439	1,208,495	0	96,685	602,450	2,527,069	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Toluca
101 E. Via Ghilieri
Toluca, IL. 61369

Reference Numbers

Facility ID	6006308	
Health Service Area	002	
Planning Service Area	123	Marshall/Stark
County	123	Marshall County

Administrator
Linda L. Verway

Contact Person and Telephone
Linda L. Verway
815-452-2367

Registered Agent Information

Date Questionnaire Completed 4/15/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	74
Total Admissions 2017	96
Total Discharges 2017	101
Residents on 12/31/2017	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	13
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 9

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	104	98	72	98	69	35	65	104
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	104	98	72	98	69	35	65	104

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1982	8.4%	23907	63.0%	223	240	744	0	27096	71.4%	75.8%
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%
TOTALS	1982	8.4%	23907	63.0%	223	240	744	0	27096	71.4%	75.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	1	0	0	0	0	0	0	4	1	5
45 to 59	19	6	0	0	0	0	0	0	19	6	25
60 to 64	7	5	0	0	0	0	0	0	7	5	12
65 to 74	5	10	0	0	0	0	0	0	5	10	15
75 to 84	7	2	0	0	0	0	0	0	7	2	9
85+	2	1	0	0	0	0	0	0	2	1	3
TOTALS	44	25	0	0	0	0	0	0	44	25	69

Aperion Care Toluca
101 E. Via Ghilieri
Toluca, IL. 61369

Classification Numbers

Facility ID	6006308	
Health Service Area	002	
Planning Service Area	123	Marshall/Stark
County	123	Marshall County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	60	0	0	4	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	60	0	0	4	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	2	0	0	0	2

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	6.00
Certified Aides	25.00
Other Health Staff	3.00
Non-Health Staff	22.00
Totals	65.00

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
21.0%	71.9%	0.0%	3.7%	3.5%	100.0%		
1,014,826	3,469,791	0	177,381	167,077	4,829,075	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

APERION CARE WEST CHICAGO
30 WEST 300 NORTH AVENUE
West Chicago, IL. 60185

Reference Numbers

Facility ID	6001713	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Wayne Township

Administrator
GINA MCCARTHY

Contact Person and Telephone
GINA MCCARTHY
630-876-8100

Registered Agent Information

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	202
Total Admissions 2017	45
Total Discharges 2017	14
Residents on 12/31/2017	233

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	143
Developmental Disability	0
Circulatory System	0
Respiratory System	39
Digestive System	11
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	203

Total Residents Diagnosed as Mentally Ill 143

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	212	212	0	212	203	9	207	207
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	212	212	0	212	203	9	207	207

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4	0.0%	30	0.0%	162	0	7	0	203	0.3%	0.3%
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%
TOTALS	4	0.0%	30	0.0%	162	0	7	0	203	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	22	16	0	0	0	0	0	0	22	16	38
45 to 59	48	37	0	0	0	0	0	0	48	37	85
60 to 64	18	7	0	0	0	0	0	0	18	7	25
65 to 74	12	21	0	0	0	0	0	0	12	21	33
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	4	3	0	0	0	0	0	0	4	3	7
TOTALS	110	93	0	0	0	0	0	0	110	93	203

APERION CARE WEST CHICAGO
30 WEST 300 NORTH AVENUE
West Chicago, IL. 60185

Classification Numbers

Facility ID	6001713	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Wayne Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	30	151	0	0	0	203
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	30	151	0	0	0	203

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	2	0	0	0	2
White	186	0	0	0	186
Race Unknown	0	0	0	0	0
Total	202	0	0	0	202

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	194	0	0	0	194
Ethnicity Unknown	0	0	0	0	0
Total	203	0	0	0	203

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.40
Physicians	0.00
Director of Nursing	0.40
Registered Nurses	5.20
LPN's	3.20
Certified Aides	26.40
Other Health Staff	7.50
Non-Health Staff	24.87
Totals	67.97

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
1.5%	95.0%	0.0%	0.0%	3.5%	100.0%		
32,101	2,098,450	0	0	77,695	2,208,246	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aperion Care Wilmington
555 W. Kahler Rd.
Wilmington, IL. 60408

Reference Numbers

Facility ID	6008312	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Jodi Jude

Contact Person and Telephone
Jodi Jude
815-476-2200

Registered Agent Information

Date Questionnaire Completed 4/19/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	161
Total Admissions 2017	152
Total Discharges 2017	154
Residents on 12/31/2017	159

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	4
*Nervous System Non Alzheimer	10
Alzheimer Disease	8
Mental Illness	84
Developmental Disability	2
Circulatory System	17
Respiratory System	8
Digestive System	5
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	159

Total Residents Diagnosed as Mentally Ill 84

Total Residents Reported as Identified Offenders 22

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	171	171	168	12	159	12	80	171
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	171	171	168	12	159	12	80	171

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3963	13.6%	49959	80.0%	0	2700	2127	0	58749	94.1%	94.1%
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%
TOTALS	3963	13.6%	49959	80.0%	0	2700	2127	0	58749	94.1%	94.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	11	3	0	0	0	0	0	0	11	3	14
45 to 59	39	18	0	0	0	0	0	0	39	18	57
60 to 64	18	7	0	0	0	0	0	0	18	7	25
65 to 74	23	15	0	0	0	0	0	0	23	15	38
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	0	7	0	0	0	0	0	0	0	7	7
TOTALS	97	62	0	0	0	0	0	0	97	62	159

Aperion Care Wilmington
555 W. Kahler Rd.
Wilmington, IL. 60408

Classification Numbers

Facility ID	6008312	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	143	0	0	4	7	159
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	143	0	0	4	7	159

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pacific Isl.	0	0	0	0	0
White	131	0	0	0	131
Race Unknown	0	0	0	0	0
Total	147	0	0	0	147

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	1	0	0	0	1
Total	12	0	0	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	20.00
Certified Aides	34.00
Other Health Staff	14.00
Non-Health Staff	23.00
Totals	98.00

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
12.0%	78.8%	0.0%	4.7%	4.5%	100.0%		
1,182,663	7,774,959	0	462,406	448,001	9,868,029	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

AperionCare of Forest Park
8200 W. Roosevelt Road
Forest Park, IL. 60130

Reference Numbers

Facility ID	6015333	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Proviso Township

Administrator
LaDon Harris

Contact Person and Telephone
LaDon Harris
708-488-9850

Registered Agent Information

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	157
Total Admissions 2017	432
Total Discharges 2017	432
Residents on 12/31/2017	157

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	7
Mental Illness	13
Developmental Disability	0
Circulatory System	16
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	59

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	232	204	182	204	157	75	227	232
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	232	204	182	204	157	75	227	232

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	28	0.0%	15	0.0%	102	4	8	0	157	0.2%	0.2%
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%
TOTALS	28	0.0%	15	0.0%	102	4	8	0	157	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	0	0	0	0	0	0	0	4	0	4
45 to 59	8	7	0	0	0	0	0	0	8	7	15
60 to 64	10	4	0	0	0	0	0	0	10	4	14
65 to 74	14	26	0	0	0	0	0	0	14	26	40
75 to 84	26	20	0	0	0	0	0	0	26	20	46
85+	12	30	0	0	0	0	0	0	12	30	42
TOTALS	74	87	0	0	0	0	0	0	74	87	161

AperionCare of Forest Park
8200 W. Roosevelt Road
Forest Park, IL. 60130

Classification Numbers

Facility ID	6015333	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Proviso Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	15	102	4	8	0	157
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	15	102	4	8	0	157

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	62	0	0	0	62
Hawaiian/Pacific Isl.	0	0	0	0	0
White	29	0	0	0	29
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	17	0	0	0	17

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	21.00
Certified Aides	68.00
Other Health Staff	45.00
Non-Health Staff	16.00
Totals	168.00

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
41.0%	47.0%	0.0%	8.8%	3.3%	100.0%		
6,833,198	7,834,729	0	1,464,890	550,263	16,683,080	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Apostolic Christian Home of Eureka
610 W. Cruger Ave.
Eureka, IL. 61530

Reference Numbers

Facility ID	6002885	
Health Service Area	002	
Planning Service Area	203	Woodford
County	203	Woodford County

Administrator
Thomas A. Hoffman

Contact Person and Telephone
Kim Joos
309-467-2311

Registered Agent Information

Date Questionnaire Completed 3/29/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	103
Total Admissions 2017	83
Total Discharges 2017	91
Residents on 12/31/2017	95

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	14
Mental Illness	18
Developmental Disability	0
Circulatory System	11
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	33
Injuries and Poisonings	2
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 72

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	100	100	98	100	89	11	100	100
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	9	8	8	8	6	3		
TOTAL BEDS	109	108	106	108	95	14	100	100

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	997	2.7%	4420	12.1%	0	0	27313	65	32795	89.8%	89.8%
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	2513	14	2527	76.9%	86.5%
TOTALS	997	2.7%	4420	12.1%	0	0	29826	79	35322	88.8%	89.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
65 to 74	0	5	0	0	0	0	0	0	0	5	5
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	13	53	0	0	0	0	4	2	17	55	72
TOTALS	19	70	0	0	0	0	4	2	23	72	95

Apostolic Christian Home of Eureka
610 W. Cruger Ave.
Eureka, IL. 61530

Classification Numbers

Facility ID	6002885	
Health Service Area	002	
Planning Service Area	203	Woodford
County	203	Woodford County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	16	0	0	70	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	6	0	6
TOTALS	3	16	0	0	76	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	6	95
Race Unknown	0	0	0	0	0
Total	89	0	0	6	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	89	0	0	6	95
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	6	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	7.00
Certified Aides	51.00
Other Health Staff	2.00
Non-Health Staff	42.00
Totals	120.00

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
6.9%	7.8%	0.0%	0.0%	85.3%	100.0%		
518,372	582,249	0	0	6,405,082	7,505,703	17,683	0.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Apostolic Christian Home of Roanoke
1102 W. Randolph
Roanoke, IL. 61561

Reference Numbers

Facility ID	6000384	
Health Service Area	002	
Planning Service Area	203	Woodford
County	203	Woodford County

Administrator
Nathan J. Hoffman

Contact Person and Telephone
Nathan Hoffman
309-923-2071

Registered Agent Information
Nathan J. Hoffman
1102 W. Randolph St.
Roanoke, IL 61561

Date Questionnaire Completed 4/11/2018

Continuing Care Retirement Community

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	49
Total Admissions 2017	58
Total Discharges 2017	66
Residents on 12/31/2017	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	1
Circulatory System	3
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	4
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	41

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	53	47	53	41	19	31	60
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	60	53	47	53	41	19	31	60

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1290	11.4%	4897	22.4%	330	0	9966	0	16483	75.3%	85.2%
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%
TOTALS	1290	11.4%	4897	22.4%	330	0	9966	0	16483	75.3%	85.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	2	10	0	0	0	0	0	0	2	10	12
85+	4	21	0	0	0	0	0	0	4	21	25
TOTALS	7	34	0	0	0	0	0	0	7	34	41

Apostolic Christian Home of Roanoke
1102 W. Randolph
Roanoke, IL. 61561

Classification Numbers

Facility ID	6000384	
Health Service Area	002	
Planning Service Area	203	Woodford
County	203	Woodford County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	14	1	0	24	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	14	1	0	24	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.27
LPN's	3.06
Certified Aides	18.22
Other Health Staff	3.30
Non-Health Staff	31.95
Totals	63.80

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
9.7%	19.9%	0.0%	0.0%	70.4%	100.0%		
347,617	710,574	0	0	2,520,129	3,578,320	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Apostolic Christian Resthaven (Highland Oaks)
2750 W. Highland Avenue
Elgin, IL. 60124

Reference Numbers

Facility ID	6000392	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Matthew Kinsinger

Contact Person and Telephone
Diana Kellenberger
847-741-4543

Registered Agent Information
Matt Schambach
8701 South Rood Road
Kingston, IL 60145

Date Questionnaire Completed 3/12/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	49
Total Admissions 2017	28
Total Discharges 2017	29
Residents on 12/31/2017	48

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	11
Developmental Disability	0
Circulatory System	17
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	48

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	50	0	0	50	48	2	0	50
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	50	0	0	50	48	2	0	50

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	3079	16.9%	0	0	14436	0	17515	96.0%	0.0%
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%
TOTALS	0	0.0%	3079	16.9%	0	0	14436	0	17515	96.0%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	4	6	0	0	0	0	0	0	4	6	10
85+	11	26	0	0	0	0	0	0	11	26	37
TOTALS	15	33	0	0	0	0	0	0	15	33	48

Apostolic Christian Resthaven (Highland Oaks)
2750 W. Highland Avenue
Elgin, IL. 60124

Classification Numbers

Facility ID	6000392	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	8	0	0	40	0	48
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	8	0	0	40	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	48	0	0	0	48

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	48	0	0	0	48

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.80
LPN's	3.40
Certified Aides	27.90
Other Health Staff	2.50
Non-Health Staff	6.70
Totals	51.30

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%	10.7%	0.0%	0.0%	89.3%	100.0%		
0	419,364	0	0	3,506,688	3,926,052	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Apostolic Christian Restmor
1500 Parkside Ave
Morton, IL. 61550

Reference Numbers

Facility ID	6000400	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Michael Kaiser

Contact Person and Telephone
Michael Kaiser
309-284-1402

Registered Agent Information
James Benckendorf
100 N Main
Morton, IL 61550

Date Questionnaire Completed 3/28/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	115
Total Admissions 2017	82
Total Discharges 2017	85
Residents on 12/31/2017	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	12
Mental Illness	45
Developmental Disability	0
Circulatory System	14
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 45

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	116	116	115	116	102	14	48	34
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	12	10	10	10	10	2		
TOTAL BEDS	128	126	125	126	112	16	48	34

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2096	12.0%	3369	27.1%	0	427	37458	0	43350	102.4%	102.4%
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%
TOTALS	2096	12.0%	3369	27.1%	0	427	37458	0	43350	92.8%	94.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	2	0	0	0	0	0	1	1	3	4
75 to 84	9	15	0	0	0	0	0	1	9	16	25
85+	18	55	0	0	0	0	1	7	19	62	81
TOTALS	28	74	0	0	0	0	1	9	29	83	112

Apostolic Christian Restmor
1500 Parkside Ave
Morton, IL. 61550

Classification Numbers

Facility ID	6000400	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	10	0	3	83	0	102
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	10	0	10
TOTALS	6	10	0	3	93	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	102	0	0	10	112
Race Unknown	0	0	0	0	0
Total	102	0	0	10	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	102	0	0	10	112
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	10	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.50
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.50
LPN's	10.00
Certified Aides	59.30
Other Health Staff	13.10
Non-Health Staff	61.60
Totals	169.00

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%	3.8%	0.0%	1.3%	87.0%	100.0%		
944,000	462,000	0	160,000	10,486,000	12,052,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Apostolic Christian Skylines
7023 NE Skyline Drive
Peoria, IL. 61614

Reference Numbers

Facility ID	6000426	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

Administrator
Dean Thomas

Contact Person and Telephone
Matthew Feucht
309-683-2512

Registered Agent Information
Matthew J Feucht
7023 NE Skyline Drive
Peoria, IL 61614

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	53
Total Admissions 2017	60
Total Discharges 2017	61
Residents on 12/31/2017	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	3
*Nervous System Non Alzheimer	2
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	2
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	57	57	57	57	52	5	57	22
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	57	57	57	57	52	5	57	22

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1161	5.6%	2253	28.1%	0	0	16190	0	19604	94.2%	94.2%
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%
TOTALS	1161	5.6%	2253	28.1%	0	0	16190	0	19604	94.2%	94.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	11	30	0	0	0	0	0	0	11	30	41
TOTALS	14	38	0	0	0	0	0	0	14	38	52

Apostolic Christian Skylines
7023 NE Skyline Drive
Peoria, IL. 61614

Classification Numbers

Facility ID	6000426	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	5	0	0	44	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	5	0	0	44	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.19
LPN's	13.55
Certified Aides	48.10
Other Health Staff	3.50
Non-Health Staff	47.35
Totals	123.69

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%	5.9%	0.0%	0.0%	82.4%	100.0%		
557,111	281,900	0	0	3,929,552	4,768,563	4,853	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

11/30/2016 Facility discontinued 2 Sheltered Care beds; facility now has 57 Nursing Care beds.

Apostolic Christian Timber Ridge
2125 Veterans Road
Morton, IL. 61550

Reference Numbers

Facility ID	6000418	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Ron Messner

Contact Person and Telephone
Matthew D. Steffen
309-266-9781

Registered Agent Information
Ron Messner - Apostolic Christian LifePo
2125 Veterans Road
Morton, IL 61550

Date Questionnaire Completed 4/10/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	73
Total Admissions 2017	2
Total Discharges 2017	4
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	71
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
TOTALS	71

Total Residents Diagnosed as Mentally Ill 34

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	74	74	73	74	71	3		74
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	74	73	74	71	3	0	74

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			26365	97.6%	0	0	0	0	26365	97.6%	97.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	26365	97.6%	0	0	0	0	26365	97.6%	97.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	14	13	0	0	14	13	27
45 to 59	0	0	0	0	11	17	0	0	11	17	28
60 to 64	0	0	0	0	0	3	0	0	0	3	3
65 to 74	0	0	0	0	1	8	0	0	1	8	9
75 to 84	0	0	0	0	0	4	0	0	0	4	4
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	26	45	0	0	26	45	71

Apostolic Christian Timber Ridge
2125 Veterans Road
Morton, IL. 61550

Classification Numbers

Facility ID	6000418	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		71	0	0	0	0	71
Sheltered Care			0	0	0	0	0
TOTALS	0	71	0	0	0	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	69	0	69
Race Unknown	0	0	0	0	0
Total	0	0	71	0	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	71	0	71
Ethnicity Unknown	0	0	0	0	0
Total	0	0	71	0	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.55
LPN's	7.96
Certified Aides	52.04
Other Health Staff	27.24
Non-Health Staff	34.61
Totals	135.40

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%	88.0%	0.0%	0.0%	12.0%	100.0%		
0	4,627,135	0	0	629,015	5,256,150	303,074	5.8%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Arbour Health Care Center
1512 W. Fargo Ave
Chicago, IL. 60626

Reference Numbers

Facility ID	6008155	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

Administrator
Jason Lee

Contact Person and Telephone
Jason Lee
773-465-7751

Registered Agent Information

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	89
Total Admissions 2017	282
Total Discharges 2017	275
Residents on 12/31/2017	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	50
Developmental Disability	0
Circulatory System	13
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	96

Total Residents Diagnosed as Mentally Ill 84

Total Residents Reported as Identified Offenders 15

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	96	99	96	3	0	99
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	99	99	96	99	96	3	0	99

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1159	0.0%	32399	89.7%	0	0	94	0	33652	93.1%	93.1%
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%
TOTALS	1159	0.0%	32399	89.7%	0	0	94	0	33652	93.1%	93.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	2	0	0	0	0	0	0	7	2	9
45 to 59	18	13	0	0	0	0	0	0	18	13	31
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	18	8	0	0	0	0	0	0	18	8	26
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	3	1	0	0	0	0	0	0	3	1	4
TOTALS	60	36	0	0	0	0	0	0	60	36	96

Arbour Health Care Center
1512 W. Fargo Ave
Chicago, IL. 60626

Classification Numbers

Facility ID	6008155	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	94	0	0	0	0	96
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	94	0	0	0	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	42	0	0	0	42
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	8	0	0	0	8
Total	96	0	0	0	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	7	0	0	0	7
Total	96	0	0	0	96

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	10.00
Certified Aides	19.00
Other Health Staff	4.25
Non-Health Staff	30.00
Totals	71.25

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
7.9%	91.8%	0.0%	0.0%	0.3%	100.0%		
387,375	4,500,403	0	0	15,610	4,903,388	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Arcola Health Care
422 E 4th South St.
Arcola, IL. 61910

Reference Numbers

Facility ID	6009823	
Health Service Area	004	
Planning Service Area	041	Douglas
County	041	Douglas County

Administrator
Denise Hollingsworth

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/12/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	71
Total Admissions 2017	53
Total Discharges 2017	47
Residents on 12/31/2017	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	13
Mental Illness	45
Developmental Disability	2
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 69

Total Residents Reported as Identified Offenders 9

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	100	100	81	100	77	23	50	100
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	100	100	81	100	77	23	50	100

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1859	10.2%	23516	64.4%	0	8	1639	0	27022	74.0%	74.0%
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%
TOTALS	1859	10.2%	23516	64.4%	0	8	1639	0	27022	74.0%	74.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	6	0	0	0	0	0	0	7	6	13
60 to 64	7	5	0	0	0	0	0	0	7	5	12
65 to 74	9	17	0	0	0	0	0	0	9	17	26
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	4	7	0	0	0	0	0	0	4	7	11
TOTALS	34	43	0	0	0	0	0	0	34	43	77

Arcola Health Care
422 E 4th South St.
Arcola, IL. 61910

Classification Numbers

Facility ID	6009823	
Health Service Area	004	
Planning Service Area	041	Douglas
County	041	Douglas County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	70	0	0	2	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	70	0	0	2	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	11.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	35.00
Totals	76.00

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
9.6%	83.1%	0.0%	0.4%	6.9%	100.0%		
327,827	2,832,705	0	15,263	233,553	3,409,348	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Arista Healthcare
1136 N. Mill Street
Naperville, IL. 60563

Reference Numbers

Facility ID	6006175	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Naperville Township

Administrator
Cynthia Palao

Contact Person and Telephone
Steve Jeremias
630-355-3300

Registered Agent Information
Abraham J. Stern
191 N. Wacker Drive
Chicago, IL 60606

Date Questionnaire Completed 4/2/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	72
Total Admissions 2017	232
Total Discharges 2017	220
Residents on 12/31/2017	84

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	6
Mental Illness	17
Developmental Disability	0
Circulatory System	17
Respiratory System	13
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	84

Total Residents Diagnosed as Mentally Ill 17

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	153	150	93	150	84	69	153	153
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	153	150	93	150	84	69	153	153

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3442	6.2%	21060	37.7%	0	2298	3797	0	30597	54.8%	55.9%
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%
TOTALS	3442	6.2%	21060	37.7%	0	2298	3797	0	30597	54.8%	55.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	12	3	0	0	0	0	0	0	12	3	15
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	4	13	0	0	0	0	0	0	4	13	17
75 to 84	5	13	0	0	0	0	0	0	5	13	18
85+	6	21	0	0	0	0	0	0	6	21	27
TOTALS	31	53	0	0	0	0	0	0	31	53	84

Arista Healthcare
1136 N. Mill Street
Naperville, IL. 60563

Classification Numbers

Facility ID	6006175	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Naperville Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	57	0	6	11	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	57	0	6	11	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	9	0	0	0	9
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	1	0	0	0	1
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	1	0	0	0	1
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	8.00
Certified Aides	34.00
Other Health Staff	6.00
Non-Health Staff	40.00
Totals	101.00

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
29.5%	46.1%	0.0%	13.4%	11.0%	100.0%		
2,383,671	3,730,575	0	1,086,124	886,831	8,087,201	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Arthur Home
423 Eberhardt Drive
Arthur, IL. 61911

Reference Numbers

Facility ID	6000517	
Health Service Area	004	
Planning Service Area	139	Moultrie
County	139	Moultrie County

Administrator
Thomas J. Stephenson

Contact Person and Telephone
Lashelle Plank
217-543-4551

Registered Agent Information
Rick Weger
423 Eberhardt Drive
Arthur, IL 61911

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	40
Total Admissions 2017	77
Total Discharges 2017	72
Residents on 12/31/2017	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	4
Mental Illness	7
Developmental Disability	0
Circulatory System	18
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	53	53	47	53	45	8	53	53
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	53	53	47	53	45	8	53	53

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2978	15.4%	3891	20.1%	0	0	8012	0	14881	76.9%	76.9%
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%
TOTALS	2978	15.4%	3891	20.1%	0	0	8012	0	14881	76.9%	76.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	5	0	0	0	0	0	0	0	5	0	5
75 to 84	1	6	0	0	0	0	0	0	1	6	7
85+	10	21	0	0	0	0	0	0	10	21	31
TOTALS	17	28	0	0	0	0	0	0	17	28	45

Arthur Home
423 Eberhardt Drive
Arthur, IL. 61911

Classification Numbers

Facility ID	6000517	
Health Service Area	004	
Planning Service Area	139	Moultrie
County	139	Moultrie County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	12	0	0	26	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	12	0	0	26	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	45	0	0	0	45
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	11.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	45.00
Totals	85.00

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
39.3%	13.9%	0.0%	0.0%	46.8%	100.0%		
1,328,442	469,641	0	0	1,580,310	3,378,393	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Asbury Gardens Nursing and Rehab
212 Airport Road
North Aurora, IL. 60542

Reference Numbers

Facility ID	6016729	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Elizabeth Gilbert

Contact Person and Telephone
Elizabeth Gilbert
630-896-7778

Registered Agent Information

Date Questionnaire Completed 3/28/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	33
Total Admissions 2017	181
Total Discharges 2017	160
Residents on 12/31/2017	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	41
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	54

Total Residents Diagnosed as Mentally Ill 49

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	75	75	60	75	54	21	0	0
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	75	75	60	75	54	21	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6215	0.0%	8388	0.0%	0	0	2022	0	16625	60.7%	60.7%
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%
TOTALS	6215	0.0%	8388	0.0%	0	0	2022	0	16625	60.7%	60.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	3	26	0	0	0	0	0	0	3	26	29
TOTALS	12	42	0	0	0	0	0	0	12	42	54

Asbury Gardens Nursing and Rehab
212 Airport Road
North Aurora, IL. 60542

Classification Numbers

Facility ID	6016729	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	31	0	1	4	0	54
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	31	0	1	4	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	54	0	0	0	54

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.23
LPN's	4.75
Certified Aides	13.20
Other Health Staff	0.00
Non-Health Staff	9.05
Totals	34.23

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
63.6%	28.5%	0.0%	0.0%	7.8%	100.0%		
3,541,559	1,586,936	0	0	436,550	5,565,045	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Ashton Terrace Group Home
307 Alan Street
Ashton , IL. 61006

Reference Numbers

Facility ID	6012843	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

Administrator
Patricia Howard

Contact Person and Telephone
Patricia Howard
815-288-6691 Ext. 223

Registered Agent Information
Jeffrey Stauter
500 Anchor Road
Dixon, IL 61021

Date Questionnaire Completed 3/19/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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
TOTALS	12

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	12	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	12	16	12	4	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			12	0.2%	0	0	0	0	12	0.2%	0.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	12	0.2%	0	0	0	0	12	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	0	0	0	3	0	3
45 to 59	0	0	0	0	3	1	0	0	3	1	4
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0		2	0	0		2	
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
TOTALS	0	0	0	0		4	0	0		4	

Ashton Terrace Group Home
307 Alan Street
Ashton , IL. 61006

Classification Numbers

Facility ID	6012843	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	10	0	10
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	11	0	11
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	7.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	9.75

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
0.0%	15.8%	84.0%	0.0%	0.1%	100.0%		
0	99,090	525,401	0	703	625,194	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aspen Rehab & Healthcare
1403 9th Avenue
Silvis, IL. 61282

Reference Numbers

Facility ID	6008205	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

Administrator
Jeannette Byrd, LNHA

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/6/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	38
Total Admissions 2017	37
Total Discharges 2017	45
Residents on 12/31/2017	30

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	30

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	63	63	30	63	30	33	0	63
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	63	63	30	63	30	33	0	63

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	11733	51.0%	0	0	404	0	12137	52.8%	52.8%
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%
TOTALS	0	0.0%	11733	51.0%	0	0	404	0	12137	52.8%	52.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	0	5	0	0	0	0	0	0	0	5	5
TOTALS	9	21	0	0	0	0	0	0	9	21	30

Aspen Rehab & Healthcare
1403 9th Avenue
Silvis, IL. 61282

Classification Numbers

Facility ID	6008205	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	30	0	0	0	0	30
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	30	0	0	0	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	27	0	0	0	27
Race Unknown	0	0	0	0	0
Total	30	0	0	0	30

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	30	0	0	0	30
Ethnicity Unknown	0	0	0	0	0
Total	30	0	0	0	30

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	1.00
Certified Aides	4.00
Other Health Staff	0.00
Non-Health Staff	7.00
Totals	17.00

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
0.0%	94.0%	0.0%	0.0%	6.0%	100.0%		
0	1,528,561	0	0	98,250	1,626,811	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Assisi Health CC at Clare Oaks
829 Carillon Drive
Bartlett, IL. 60103

Reference Numbers

Facility ID	6016273	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Hanover Township

Administrator
Tiffany Barton

Contact Person and Telephone
Tiffany Barton
630-483-4747

Registered Agent Information
Corporation Service Company
2711 Centerville Rd
Wilmington, DE 19808

Date Questionnaire Completed 4/10/2018

Continuing Care Retirement Community
Life Care Facility

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	78
Total Admissions 2017	410
Total Discharges 2017	417
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	11
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	71

Total Residents Diagnosed as Mentally Ill 47

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	96	90	71	49	120	27
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	120	120	96	90	71	49	120	27

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10665	24.3%	7775	78.9%	0	1804	9323	307	29874	68.2%	68.2%
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%
TOTALS	10665	24.3%	7775	78.9%	0	1804	9323	307	29874	68.2%	68.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	1	10	0	0	0	0	0	0	1	10	11
85+	8	46	0	0	0	0	0	0	8	46	54
TOTALS	13	58	0	0	0	0	0	0	13	58	71

Assisi Health CC at Clare Oaks
829 Carillon Drive
Bartlett, IL. 60103

Classification Numbers

Facility ID	6016273	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Hanover Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	20	0	2	25	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	20	0	2	25	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	2	0	0	0	2
Total	71	0	0	0	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	2	0	0	0	2
Total	71	0	0	0	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.25
LPN's	13.55
Certified Aides	36.02
Other Health Staff	10.92
Non-Health Staff	33.90
Totals	105.64

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
58.4%	9.0%	0.0%	1.6%	30.9%	100.0%		
6,410,050	992,668	0	179,042	3,397,349	10,979,109	90,551	0.8%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Astoria Place Living and Rehab Center
6300 N. California Avenue
Chicago, IL. 60659

Reference Numbers

Facility ID	6006662	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Patricia Davis

Contact Person and Telephone
Patricia Davis
773-973-1900

Registered Agent Information
Illinois Corporation Service Company
804 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	159
Total Admissions 2017	266
Total Discharges 2017	272
Residents on 12/31/2017	153

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	27
Blood Disorders	4
*Nervous System Non Alzheimer	7
Alzheimer Disease	1
Mental Illness	4
Developmental Disability	0
Circulatory System	62
Respiratory System	16
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	15
TOTALS	153

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	164	164	164	160	153	11	164	164
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	164	164	164	160	153	11	164	164

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5644	9.4%	44195	73.8%	0	1304	4785	0	55928	93.4%	93.4%
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%
TOTALS	5644	9.4%	44195	73.8%	0	1304	4785	0	55928	93.4%	93.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	8	4	0	0	0	0	0	0	8	4	12
60 to 64	9	6	0	0	0	0	0	0	9	6	15
65 to 74	6	18	0	0	0	0	0	0	6	18	24
75 to 84	16	29	0	0	0	0	0	0	16	29	45
85+	16	39	0	0	0	0	0	0	16	39	55
TOTALS	57	96	0	0	0	0	0	0	57	96	153

Astoria Place Living and Rehab Center
6300 N. California Avenue
Chicago, IL. 60659

Classification Numbers

Facility ID	6006662	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	132	0	7	0	0	153
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	132	0	7	0	0	153

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	31	0	0	0	31
American Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	140	0	0	0	140

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	13	0	0	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	13.00
Certified Aides	56.00
Other Health Staff	3.00
Non-Health Staff	44.00
Totals	137.00

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
25.2%	60.8%	0.0%	6.1%	7.9%	100.0%		
3,492,679	8,425,947	0	841,047	1,093,670	13,853,343	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Atrium Health Care Center
1425 w estes ave
Chicago, IL. 60659

Reference Numbers

Facility ID	6003834	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

Administrator
Aharon diena

Contact Person and Telephone
ari diena
773-973-4780

Registered Agent Information
fran meehan much shelist
191 North Wacker Drive, Suite 180
Chicago, IL 60606

Date Questionnaire Completed 2/26/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	146
Total Admissions 2017	74
Total Discharges 2017	70
Residents on 12/31/2017	150

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	4
Developmental Disability	0
Circulatory System	11
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	115
Non-Medical Conditions	0
TOTALS	150

Total Residents Diagnosed as Mentally Ill 134

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	160	160	158	160	150	10	116	160
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	160	160	158	160	150	10	116	160

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2713	6.4%	50522	86.5%	375	0	161	0	53771	92.1%	92.1%
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%
TOTALS	2713	6.4%	50522	86.5%	375	0	161	0	53771	92.1%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	17	21	0	0	0	0	0	0	17	21	38
60 to 64	11	24	0	0	0	0	0	0	11	24	35
65 to 74	19	28	0	0	0	0	0	0	19	28	47
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	7	5	0	0	0	0	0	0	7	5	12
TOTALS	63	87	0	0	0	0	0	0	63	87	150

Atrium Health Care Center
1425 w estes ave
Chicago, IL. 60659

Classification Numbers

Facility ID	6003834	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	139	1	2	0	0	150
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	139	1	2	0	0	150

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	80	0	0	0	80
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	1	0	0	0	1
Total	150	0	0	0	150

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	141	0	0	0	141
Ethnicity Unknown	0	0	0	0	0
Total	150	0	0	0	150

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	4.50
LPN's	12.65
Certified Aides	24.88
Other Health Staff	6.31
Non-Health Staff	28.20
Totals	79.54

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
10.4%	88.4%	0.8%	0.0%	0.4%	100.0%		
881,556	7,471,014	63,442	0	30,670	8,446,682	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Auburn Rehabilitation and Healthcare Center
304 W Maple
Auburn, IL. 62615

Reference Numbers

Facility ID	6007181	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Lori McKinnon

Contact Person and Telephone
Lori McKinnon
217-438-6125

Registered Agent Information
Dan Maher
926 S 7th Strret
Springfield, IL 62703

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	59
Total Admissions 2017	146
Total Discharges 2017	147
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	5
Developmental Disability	0
Circulatory System	16
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	58

Total Residents Diagnosed as Mentally Ill 42

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	70	65	65	65	58	12	70	70
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	70	65	65	65	58	12	70	70

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1916	7.5%	12529	49.0%	0	796	5111	0	20352	79.7%	85.8%
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%
TOTALS	1916	7.5%	12529	49.0%	0	796	5111	0	20352	79.7%	85.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	3	0	3
60 to 64	3	6	0	0	0	0	0	0	3	6	9
65 to 74	1	8	0	0	0	0	0	0	1	8	9
75 to 84	1	11	0	0	0	0	0	0	1	11	12
85+	3	22	0	0	0	0	0	0	3	22	25
TOTALS	11	47	0	0	0	0	0	0	11	47	58

Auburn Rehabilitation and Healthcare Center
304 W Maple
Auburn, IL. 62615

Classification Numbers

Facility ID	6007181	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	37	0	3	13	0	58
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	37	0	3	13	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	25.00
Other Health Staff	4.00
Non-Health Staff	3.00
Totals	45.00

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
22.6%	44.4%	0.0%	8.6%	24.4%	100.0%		
792,144	1,554,908	0	300,002	853,833	3,500,887	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Autumn Meadows of Cahokia
#2 ANNABLE COURT
Cahokia, IL. 62202-2204

Reference Numbers

Facility ID	6001317	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
TERRI LYERLA

Contact Person and Telephone
REBECCA FRIEDMAN
847-982-2300

Registered Agent Information
MR. SHELDON WOLFE
7434 N. SKOKIE BLVD.
Skokie, IL 60077

Date Questionnaire Completed 4/16/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	72
Total Admissions 2017	85
Total Discharges 2017	68
Residents on 12/31/2017	89

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	87
Non-Medical Conditions	0
TOTALS	89

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	150	91	150	89	61	150	150
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	150	150	91	150	89	61	150	150

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	20505	37.5%	6442	11.8%	1600	0	1042	0	29589	54.0%	54.0%
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%
TOTALS	20505	37.5%	6442	11.8%	1600	0	1042	0	29589	54.0%	54.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	14	3	0	0	0	0	0	0	14	3	17
60 to 64	13	2	0	0	0	0	0	0	13	2	15
65 to 74	21	4	0	0	0	0	0	0	21	4	25
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	8	5	0	0	0	0	0	0	8	5	13
TOTALS	64	25	0	0	0	0	0	0	64	25	89

Autumn Meadows of Cahokia
#2 ANNABLE COURT
Cahokia, IL. 62202-2204

Classification Numbers

Facility ID	6001317	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	60	8	0	3	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	60	8	0	3	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	59	0	0	0	59
Hawaiian/Pacific Isl.	0	0	0	0	0
White	30	0	0	0	30
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	89	0	0	0	89
Total	89	0	0	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	13.00
Certified Aides	49.00
Other Health Staff	3.00
Non-Health Staff	30.00
Totals	100.00

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
33.0%	57.2%	6.3%	0.0%	3.5%	100.0%		
1,527,409	2,642,741	292,311	0	159,489	4,621,950	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

AVANTARA LONG GROVE
1666 CHECKER ROAD
Long Grove, IL. 60047

Reference Numbers

Facility ID	6014344	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Lily Osei

Contact Person and Telephone
Lily Osei
847-419-1111

Registered Agent Information
Illinois Corporation Service Company
804 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/12/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	184
Total Admissions 2017	371
Total Discharges 2017	380
Residents on 12/31/2017	175

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	19
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	3
Mental Illness	3
Developmental Disability	0
Circulatory System	66
Respiratory System	13
Digestive System	7
Genitourinary System Disorders	13
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	12
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	175

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	195	195	195	195	175	20	195	195
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	195	195	195	195	175	20	195	195

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10488	14.7%	48009	67.5%	0	1539	4650	0	64686	90.9%	90.9%
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%
TOTALS	10488	14.7%	48009	67.5%	0	1539	4650	0	64686	90.9%	90.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	2	0	0	0	0	0	0	3	2	5
45 to 59	5	10	0	0	0	0	0	0	5	10	15
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	12	13	0	0	0	0	0	0	12	13	25
75 to 84	16	23	0	0	0	0	0	0	16	23	39
85+	18	68	0	0	0	0	0	0	18	68	86
TOTALS	57	118	0	0	0	0	0	0	57	118	175

AVANTARA LONG GROVE
1666 CHECKER ROAD
Long Grove, IL. 60047

Classification Numbers

Facility ID	6014344	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	132	0	3	13	0	175
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	132	0	3	13	0	175

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	1	0	0	0	1
White	166	0	0	0	166
Race Unknown	0	0	0	0	0
Total	175	0	0	0	175

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	168	0	0	0	168
Ethnicity Unknown	0	0	0	0	0
Total	175	0	0	0	175

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	37.00
Certified Aides	69.00
Other Health Staff	17.00
Non-Health Staff	58.00
Totals	210.00

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
36.1%	52.7%	0.0%	5.0%	6.2%	100.0%		
6,159,550	9,009,683	0	847,760	1,064,271	17,081,264	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

4/15/2016 Facility added 5 Nursing Care beds; facility now has 195 Nursing Care beds.

Avantara Park Ridge
1601 N Western Ave
Park Ridge, IL. 60068

Reference Numbers

Facility ID	6009096	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

Administrator
Erin Levy

Contact Person and Telephone
Erin Levy
847-993-4228

Registered Agent Information
Illinois Corporation Services Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	119
Total Admissions 2017	550
Total Discharges 2017	563
Residents on 12/31/2017	106

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	2
Mental Illness	4
Developmental Disability	0
Circulatory System	32
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	9
Injuries and Poisonings	16
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	106

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	154	150	127	154	106	48	154	154
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	154	150	127	154	106	48	154	154

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12578	22.4%	17589	31.3%	0	2096	13287	0	45550	81.0%	83.2%
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%
TOTALS	12578	22.4%	17589	31.3%	0	2096	13287	0	45550	81.0%	83.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	4	0	0	0	0	0	0	1	4	5
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	15	23	0	0	0	0	0	0	15	23	38
85+	10	40	0	0	0	0	0	0	10	40	50
TOTALS	32	74	0	0	0	0	0	0	32	74	106

Avantara Park Ridge
1601 N Western Ave
Park Ridge, IL. 60068

Classification Numbers

Facility ID	6009096	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	39	0	4	32	0	106
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	39	0	4	32	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	1	0	0	0	1
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	0	0	0	0	0
Total	106	0	0	0	106

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.50
LPN's	16.50
Certified Aides	45.00
Other Health Staff	4.00
Non-Health Staff	40.00
Totals	125.00

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%	19.8%	0.0%	12.7%	22.4%	100.0%		
6,724,320	2,943,135	0	1,891,274	3,336,687	14,895,416	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Avanti Wellness and Rehabilitation Center
6840 W. Touhy Ave
Niles, IL. 60714

Reference Numbers

Facility ID	6003214	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

Administrator
Amanda L. Andrews

Contact Person and Telephone
Amanda Andrews
847-647-6400

Registered Agent Information
Barry Carr
6840 W. Touhy Ave
Niles, IL 60714

Date Questionnaire Completed 5/8/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	149
Total Admissions 2017	1,137
Total Discharges 2017	1,159
Residents on 12/31/2017	127

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	9
Digestive System	8
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	9
Other Medical Conditions	64
Non-Medical Conditions	0
TOTALS	127

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	212	166	155	166	127	85	212	212
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	212	166	155	166	127	85	212	212

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	4	6	0	0	0	0	0	0	4	6	10
60 to 64	9	6	0	0	0	0	0	0	9	6	15
65 to 74	15	11	0	0	0	0	0	0	15	11	26
75 to 84	14	23	0	0	0	0	0	0	14	23	37
85+	11	27	0	0	0	0	0	0	11	27	38
TOTALS	54	73	0	0	0	0	0	0	54	73	127

Avanti Wellness and Rehabilitation Center
6840 W. Touhy Ave
Niles, IL. 60714

Classification Numbers

Facility ID	6003214	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	71	8	19	16	0	127
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	71	8	19	16	0	127

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	11	0	0	0	11
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	14	0	0	0	14
Total	127	0	0	0	127

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	93	0	0	0	93
Ethnicity Unknown	20	0	0	0	20
Total	127	0	0	0	127

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	14.00
Certified Aides	45.00
Other Health Staff	30.00
Non-Health Staff	85.00
Totals	191.00

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
31.1%	37.5%	0.0%	19.2%	12.3%	100.0%		
4,390,519	5,286,439	0	2,703,889	1,734,589	14,115,436	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aviston Countryside Manor, Inc.
450 West 1st St.
Aviston, IL. 62216

Reference Numbers

Facility ID	6011340	
Health Service Area	011	
Planning Service Area	027	Clinton
County	027	Clinton County

Administrator
Tara Hamilton

Contact Person and Telephone
Amy Elik
618-327-3064

Registered Agent Information
Leslie Pedtke
450 West 1st St.
Aviston, IL 62216

Date Questionnaire Completed 4/10/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	71
Total Admissions 2017	91
Total Discharges 2017	99
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	14
Mental Illness	16
Developmental Disability	0
Circulatory System	8
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	4
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	63

Total Residents Diagnosed as Mentally Ill 51

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	97	97	75	97	63	34	22	97
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	97	97	75	97	63	34	22	97

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1763	22.0%	7843	22.2%	1499	221	11547	0	22873	64.6%	64.6%
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%
TOTALS	1763	22.0%	7843	22.2%	1499	221	11547	0	22873	64.6%	64.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	7	14	0	0	0	0	0	0	7	14	21
85+	7	30	0	0	0	0	0	0	7	30	37
TOTALS	18	45	0	0	0	0	0	0	18	45	63

Aviston Countryside Manor, Inc.
450 West 1st St.
Aviston, IL. 62216

Classification Numbers

Facility ID	6011340	
Health Service Area	011	
Planning Service Area	027	Clinton
County	027	Clinton County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	15	4	0	37	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	15	4	0	37	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.57
LPN's	7.62
Certified Aides	20.10
Other Health Staff	5.14
Non-Health Staff	22.92
Totals	62.35

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
22.5%	25.0%	4.8%	2.4%	45.3%	100.0%		
963,489	1,069,550	204,419	103,768	1,938,120	4,279,346	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Aviston Terrace
349 W 1st St.
Aviston, IL. 62216

Reference Numbers

Facility ID	6000582	
Health Service Area	011	
Planning Service Area	027	Clinton
County	027	Clinton County

Administrator
Karla Rogers

Contact Person and Telephone
Christina Durbin
217-825-4267

Registered Agent Information
Lawrence Manson
20180 Governors Drive Suite 300
Olympia Fields, IL 60461

Date Questionnaire Completed 4/10/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	11
Total Admissions 2017	2
Total Discharges 2017	3
Residents on 12/31/2017	10

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	10
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
TOTALS	10

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	11	16	10	6		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	11	16	10	6	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			3799	65.1%	0	0	0	0	3799	65.1%	65.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3799	65.1%	0	0	0	0	3799	65.1%	65.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	1	0	0	0	1	1
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	2	2	0	0	2	2	4
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
TOTALS	0	0	0	0	6	4	0	0	6	4	10

Aviston Terrace
349 W 1st St.
Aviston, IL. 62216

Classification Numbers

Facility ID	6000582	
Health Service Area	011	
Planning Service Area	027	Clinton
County	027	Clinton County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		10	0	0	0	0	10
Sheltered Care			0	0	0	0	0
TOTALS	0	10	0	0	0	0	10

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	7	0	7
Race Unknown	0	0	0	0	0
Total	0	0	10	0	10

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	10	0	10
Ethnicity Unknown	0	0	0	0	0
Total	0	0	10	0	10

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	0.00
Other Health Staff	7.00
Non-Health Staff	0.50
Totals	8.00

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
0.0%	78.9%	0.0%	0.0%	21.1%	100.0%		
0	357,465	0	0	95,606	453,071	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

AVONDALE ESTATES OF ELGIN
1754 CAPITAL STREET
Elgin, IL. 60124

Reference Numbers

Facility ID	6016810	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Patricia I Stoudt

Contact Person and Telephone
Patricia I Stoudt
847-531-6004

Registered Agent Information

Date Questionnaire Completed 4/16/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	154
Total Discharges 2017	140
Residents on 12/31/2017	26

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	26

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	78	31	78	26	94	120	11
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	120	78	31	78	26	94	120	11

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3530	8.1%	0	0.0%	0	0	22	0	3552	8.1%	12.5%
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%
TOTALS	3530	8.1%	0	0.0%	0	0	22	0	3552	8.1%	12.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	1	4	0	0	0	0	0	0	1	4	5
85+	3	8	0	0	0	0	0	0	3	8	11
TOTALS	8	18	0	0	0	0	0	0	8	18	26

AVONDALE ESTATES OF ELGIN
1754 CAPITAL STREET
Elgin, IL. 60124

Classification Numbers

Facility ID	6016810	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	0	0	0	1	0	26
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	0	0	0	1	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	25	0	0	0	25
Race Unknown	0	0	0	0	0
Total	26	0	0	0	26

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	26	0	0	0	26
Ethnicity Unknown	0	0	0	0	0
Total	26	0	0	0	26

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	
Director of Nursing	1.00
Registered Nurses	10.90
LPN's	2.00
Certified Aides	11.50
Other Health Staff	
Non-Health Staff	18.25
Totals	

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
99.8%	0.0%	0.0%	0.0%	0.2%	100.0%		
1,990,311	0	0	0	3,150	1,993,461	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Balmoral Home Inc.
2055 W Balmoral Ave
Chicago, IL. 60625

Reference Numbers

Facility ID	6000657	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 4 - Lincoln Square

Administrator
YONATHAN STERN

Contact Person and Telephone
YONATHAN STERN
773-561-8661

Registered Agent Information
MARVIN MERMELSTEIN
6500 N HAMLIN
Lincolnwood, IL 60712

Date Questionnaire Completed 4/10/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	196
Total Admissions 2017	138
Total Discharges 2017	135
Residents on 12/31/2017	199

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	35
Blood Disorders	3
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	26
Developmental Disability	0
Circulatory System	83
Respiratory System	17
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	199

Total Residents Diagnosed as Mentally Ill 171

Total Residents Reported as Identified Offenders 33

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	213	213	213	213	199	14	34	213
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	213	213	213	213	199	14	34	213

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3468	27.9%	66389	85.4%	0	89	396	0	70342	90.5%	90.5%
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%
TOTALS	3468	27.9%	66389	85.4%	0	89	396	0	70342	90.5%	90.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	6	0	0	0	0	0	0	2	6	8
45 to 59	47	22	0	0	0	0	0	0	47	22	69
60 to 64	23	18	0	0	0	0	0	0	23	18	41
65 to 74	31	20	0	0	0	0	0	0	31	20	51
75 to 84	18	9	0	0	0	0	0	0	18	9	27
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	122	77	0	0	0	0	0	0	122	77	199

Balmoral Home Inc.
2055 W Balmoral Ave
Chicago, IL. 60625

Classification Numbers

Facility ID	6000657	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 4 - Lincoln Square

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	189	0	0	1	0	199
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	189	0	0	1	0	199

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	69	0	0	0	69
Hawaiian/Pacific Isl.	1	0	0	0	1
White	125	0	0	0	125
Race Unknown	0	0	0	0	0
Total	199	0	0	0	199

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	186	0	0	0	186
Ethnicity Unknown	0	0	0	0	0
Total	199	0	0	0	199

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	16.85
LPN's	1.47
Certified Aides	29.90
Other Health Staff	17.00
Non-Health Staff	31.00
Totals	100.22

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
14.1%	84.8%	0.0%	0.3%	0.8%	100.0%		
1,720,680	10,322,107	0	34,287	93,032	12,170,106	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Barry Community Care Center
1313 Pratt St.
Barry , IL. 62312

Reference Numbers

Facility ID	6000731	
Health Service Area	003	
Planning Service Area	013	Calhoun/Pike
County	149	Pike County

Administrator
Marci Geist

Contact Person and Telephone
Marci Geist
217-335-2326

Registered Agent Information

Date Questionnaire Completed 4/13/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	49
Total Admissions 2017	52
Total Discharges 2017	53
Residents on 12/31/2017	48

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	29
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	3
Circulatory System	5
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	48

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	76	76	53	76	48	28	76	76
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	76	76	53	76	48	28	76	76

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1281	4.6%	10832	39.0%	0	55	5864	0	18032	65.0%	65.0%
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%
TOTALS	1281	4.6%	10832	39.0%	0	55	5864	0	18032	65.0%	65.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	2	12	0	0	0	0	0	0	2	12	14
85+	5	21	0	0	0	0	0	0	5	21	26
TOTALS	10	38	0	0	0	0	0	0	10	38	48

Barry Community Care Center
1313 Pratt St.
Barry , IL. 62312

Classification Numbers

Facility ID	6000731	
Health Service Area	003	
Planning Service Area	013	Calhoun/Pike
County	149	Pike County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	27	0	0	19	0	48
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	27	0	0	19	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	0	0	0	0	0
Total	48	0	0	0	48

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	48	0	0	0	48

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.10
LPN's	8.90
Certified Aides	26.80
Other Health Staff	1.00
Non-Health Staff	23.80
Totals	65.60

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
22.3%	45.6%	0.8%	0.5%	30.8%	100.0%		
686,136	1,402,275	23,901	14,245	945,467	3,072,024	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Batavia Rehab & Health Care Center
520 E. Fabyan Pkway.
Batavia, IL. 60510

Reference Numbers

Facility ID	6008171	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Chiquita Clemons

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/19/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	43
Total Admissions 2017	49
Total Discharges 2017	50
Residents on 12/31/2017	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	2
Mental Illness	7
Developmental Disability	0
Circulatory System	4
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 16

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	63	63	51	63	42	21	0	63
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	63	63	51	63	42	21	0	63

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	15320	66.6%	0	0	1167	0	16487	71.7%	71.7%
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%
TOTALS	0	0.0%	15320	66.6%	0	0	1167	0	16487	71.7%	71.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	7	1	0	0	0	0	0	0	7	1	8
60 to 64	6	3	0	0	0	0	0	0	6	3	9
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	1	4	0	0	0	0	0	0	1	4	5
85+	0	12	0	0	0	0	0	0	0	12	12
TOTALS	18	24	0	0	0	0	0	0	18	24	42

Batavia Rehab & Health Care Center
520 E. Fabyan Pkway.
Batavia, IL. 60510

Classification Numbers

Facility ID	6008171	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	14	25	0	3	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	14	25	0	3	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	3	0	0	0	3
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	39	0	0	0	39
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	3.00
Certified Aides	20.00
Other Health Staff	2.00
Non-Health Staff	10.00
Totals	40.00

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
0.0%	92.0%	0.0%	0.0%	8.0%	100.0%		
0	2,516,467	0	0	219,083	2,735,550	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BAYSIDE TERRACE, LLC
1100 SOUTH LEWIS AVENUE
Waukegan, IL. 60085-7710

Reference Numbers

Facility ID	6000764	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
DEMETRIA RAFAEL

Contact Person and Telephone
DEMETRIA RAFAEL
847-244-8196

Registered Agent Information

Date Questionnaire Completed 4/14/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	137
Total Admissions 2017	40
Total Discharges 2017	40
Residents on 12/31/2017	137

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	137
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
TOTALS	137

Total Residents Diagnosed as Mentally Ill 137

Total Residents Reported as Identified Offenders 15

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	168	168	137	168	137	31	0	168
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	168	168	137	168	137	31	0	168

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	49785	81.2%	0	0	1132	0	50917	83.0%	83.0%
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%
TOTALS	0	0.0%	49785	81.2%	0	0	1132	0	50917	83.0%	83.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	11	8	0	0	0	0	0	0	11	8	19
45 to 59	35	31	0	0	0	0	0	0	35	31	66
60 to 64	14	11	0	0	0	0	0	0	14	11	25
65 to 74	14	10	0	0	0	0	0	0	14	10	24
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	75	62	0	0	0	0	0	0	75	62	137

BAYSIDE TERRACE, LLC
1100 SOUTH LEWIS AVENUE
Waukegan, IL. 60085-7710

Classification Numbers

Facility ID	6000764	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	133	0	0	4	0	137
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	133	0	0	4	0	137

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pacific Isl.	0	0	0	0	0
White	104	0	0	0	104
Race Unknown	3	0	0	0	3
Total	137	0	0	0	137

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	134	0	0	0	134
Ethnicity Unknown	0	0	0	0	0
Total	137	0	0	0	137

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	30.00
Totals	52.00

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
0.0%	95.7%	0.0%	0.0%	4.3%	100.0%		
0	5,221,802	0	0	234,434	5,456,236	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Beacon Health Center
4538 North Beacon Street
Chicago, IL. 60640

Reference Numbers

Facility ID	6001176	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

Administrator
Orlando Arjona

Contact Person and Telephone
Orlando Arjona
773-725-7200

Registered Agent Information

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	121
Total Admissions 2017	98
Total Discharges 2017	124
Residents on 12/31/2017	95

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	11
Developmental Disability	1
Circulatory System	39
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	4
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 7

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	143	120	115	120	95	48	143	143
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	143	120	115	120	95	48	143	143

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1413	2.7%	25907	49.6%	478	229	55	0	28082	53.8%	64.1%
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%
TOTALS	1413	2.7%	25907	49.6%	478	229	55	0	28082	53.8%	64.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	1	0	0	0	0	0	0	4	1	5
45 to 59	24	2	0	0	0	0	0	0	24	2	26
60 to 64	13	6	0	0	0	0	0	0	13	6	19
65 to 74	10	18	0	0	0	0	0	0	10	18	28
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	60	35	0	0	0	0	0	0	60	35	95

Beacon Health Center
4538 North Beacon Street
Chicago, IL. 60640

Classification Numbers

Facility ID	6001176	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	89	0	2	2	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	89	0	2	2	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	59	0	0	0	59
Hawaiian/Pacific Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	2	0	0	0	2
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	1	0	0	0	1
Total	94	0	0	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	12.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	14.00
Certified Aides	36.00
Other Health Staff	4.00
Non-Health Staff	40.00
Totals	114.00

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
14.3%	82.3%	1.5%	1.6%	0.3%	100.0%		
771,123	4,430,877	81,806	85,875	15,125	5,384,806	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Beacon Hill
2400 S. Finley Rd.
Lombard, IL. 60148

Reference Numbers

Facility ID	6000772	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	York Township

Administrator
James Standish

Contact Person and Telephone
James Standish
630-5850

Registered Agent Information
CT Corporation System
208 S. Lasalle St. Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/12/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	103
Total Admissions 2017	117
Total Discharges 2017	115
Residents on 12/31/2017	105

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	12
Mental Illness	36
Developmental Disability	0
Circulatory System	20
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	4
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	105

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	110	110	108	110	105	5	21	0
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	110	110	108	110	105	5	21	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3228	42.1%	0	0.0%	0	513	30463	2049	36253	90.3%	90.3%
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%
TOTALS	3228	42.1%	0	0.0%	0	513	30463	2049	36253	90.3%	90.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	16	75	0	0	0	0	0	0	16	75	91
TOTALS	20	85	0	0	0	0	0	0	20	85	105

Beacon Hill
2400 S. Finley Rd.
Lombard, IL. 60148

Classification Numbers

Facility ID	6000772	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	York Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	0	0	6	89	6	105
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	0	0	6	89	6	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	104	0	0	0	104
Race Unknown	0	0	0	0	0
Total	105	0	0	0	105

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	105	0	0	0	105
Total	105	0	0	0	105

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	3.00
Certified Aides	41.00
Other Health Staff	2.00
Non-Health Staff	9.50
Totals	79.50

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
27.6%	0.0%	0.0%	4.6%	67.8%	100.0%		
1,750,137	0	0	290,923	4,299,772	6,340,832	100,230	1.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BEACON STREET PLACE
4838 BEACON STREET
Decatur, IL. 62521

Reference Numbers

Facility ID	6013536	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
VALERIE POLING

Contact Person and Telephone
DAVE JACOBUS
217-763-2191

Registered Agent Information
DAVE JACOBUS
2576 N. GREENWAY ROAD
Cerro Gordo, IL 61818

Date Questionnaire Completed 4/16/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	4
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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
TOTALS	4

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1460	######	0	0	0	0	1460	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	######	0	0	0	0	1460	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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
TOTALS	0	0	0	0	2	2	0	0	2	2	4

BEACON STREET PLACE
4838 BEACON STREET
Decatur, IL. 62521

Classification Numbers

Facility ID	6013536	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	3.00
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	4.00

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
0.0%	87.4%	0.0%	0.0%	12.6%	100.0%		
0	213,203	0	0	30,612	243,815	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Beardstown Terrace
310 E. Eighth St
Beardstown , IL. 62618

Reference Numbers

Facility ID	6012363	
Health Service Area	003	
Planning Service Area	017	Cass
County	017	Cass County

Administrator
Kelly Horney

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5789	99.1%	0	0	0	0	5789	99.1%	99.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5789	99.1%	0	0	0	0	5789	99.1%	99.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	5	0	0	3	5	8
45 to 59	0	0	0	0	3	1	0	0	3	1	4
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	3	0	0	0	3	0	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
TOTALS	0	0	0	0	10	6	0	0	10	6	16

Beardstown Terrace
310 E. Eighth St
Beardstown , IL. 62618

Classification Numbers

Facility ID	6012363	
Health Service Area	003	
Planning Service Area	017	Cass
County	017	Cass County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.25
Registered Nurses	0.00
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	87.3%	1.2%	0.0%	11.5%	100.0%		
0	593,172	8,427	0	78,072	679,671	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Beecher Manor
1201 Dixie Highway
Beecher, IL. 60401

Reference Numbers

Facility ID	6000806	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Michael Stoudt

Contact Person and Telephone
Michael Stoudt
708-946-2600

Registered Agent Information
David Aaronin
2201 Main Street
Evanston, IL 60202

Date Questionnaire Completed 3/15/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	111
Total Admissions 2017	297
Total Discharges 2017	236
Residents on 12/31/2017	172

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	9
Developmental Disability	0
Circulatory System	20
Respiratory System	9
Digestive System	7
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	11
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	108

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	130	130	130	130	108	22	128	128
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	130	130	130	130	108	22	128	128

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10990	23.5%	18133	38.8%	0	1315	4752	0	35190	74.2%	74.2%
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%
TOTALS	10990	23.5%	18133	38.8%	0	1315	4752	0	35190	74.2%	74.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	0	0	0	0	0	0	0	4	4
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	9	51	0	0	0	0	0	0	9	51	60
TOTALS	22	86	0	0	0	0	0	0	22	86	108

Beecher Manor
1201 Dixie Highway
Beecher, IL. 60401

Classification Numbers

Facility ID	6000806	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	52	9	0	13	0	108
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	34	52	9	0	13	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	1	0	0	0	1
Total	106	0	0	0	106

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	2	0	0	0	2

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	12.00
Certified Aides	20.00
Other Health Staff	2.00
Non-Health Staff	31.00
Totals	75.00

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
48.2%	31.5%	0.0%	6.1%	14.1%	100.0%		
4,770,236	3,121,897	0	607,418	1,395,687	9,895,238	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BELHAVEN NURSING & REHAB CTR.
11401 SOUTH OAKLEY AVENUE
Chicago , IL. 60643

Reference Numbers

Facility ID	6000822	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 75 - Morgan Park

Administrator
Brad Fierce

Contact Person and Telephone
Brad Fierce
773-233-6311

Registered Agent Information
MICHELLE BUSH
240 FENCL LANE
Hillside, IL 60162

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	178
Total Admissions 2017	188
Total Discharges 2017	182
Residents on 12/31/2017	184

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	25
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	57
Mental Illness	4
Developmental Disability	8
Circulatory System	22
Respiratory System	5
Digestive System	12
Genitourinary System Disorders	4
Skin Disorders	18
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	184

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	221	221	193	221	184	37	221	221
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	221	221	193	221	184	37	221	221

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2253	2.8%	57838	71.7%	923	3262	2658	0	66934	83.0%	83.0%
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%
TOTALS	2253	2.8%	57838	71.7%	923	3262	2658	0	66934	83.0%	83.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	0	0	0	0	0	0	0	7	0	7
45 to 59	26	27	0	0	0	0	0	0	26	27	53
60 to 64	14	4	0	0	0	0	0	0	14	4	18
65 to 74	22	19	0	0	0	0	0	0	22	19	41
75 to 84	13	21	0	0	0	0	0	0	13	21	34
85+	11	20	0	0	0	0	0	0	11	20	31
TOTALS	93	91	0	0	0	0	0	0	93	91	184

BELHAVEN NURSING & REHAB CTR.
11401 SOUTH OAKLEY AVENUE
Chicago , IL. 60643

Classification Numbers

Facility ID	6000822	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 75 - Morgan Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	104	65	2	7	0	184
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	104	65	2	7	0	184

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	161	0	0	0	161
Hawaiian/Pacific Isl.	0	0	0	0	0
White	18	0	0	0	18
Race Unknown	3	0	0	0	3
Total	184	0	0	0	184

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	181	0	0	0	181
Ethnicity Unknown	0	0	0	0	0
Total	184	0	0	0	184

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.31
LPN's	36.98
Certified Aides	61.63
Other Health Staff	0.00
Non-Health Staff	57.52
Totals	163.44

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
8.5%	81.8%	0.0%	6.0%	3.7%	100.0%		
1,287,716	12,320,010	0	903,072	550,945	15,061,743	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BELLA TERRA MORTON GROVE
8425 WAUKEGAN RD
Morton Grove, IL. 60053

Reference Numbers

Facility ID	6000889	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

Administrator
Lorrie Butler

Contact Person and Telephone
Nissim Bejar
847-965-8100 ext. 1234

Registered Agent Information
Illinois Corporation Service
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	141
Total Admissions 2017	394
Total Discharges 2017	377
Residents on 12/31/2017	158

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	16
Blood Disorders	2
*Nervous System Non Alzheimer	20
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	30
Respiratory System	20
Digestive System	5
Genitourinary System Disorders	24
Skin Disorders	3
Musculo-skeletal Disorders	15
Injuries and Poisonings	10
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	158

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	211	0	0	0	156	55	211	211
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	2	0	0	0	2	0		
TOTAL BEDS	213	0	0	0	158	55	211	211

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	27	0.0%	88	0.1%	0	2	40	0	157	0.2%	0.0%
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	1	0	1	0.1%	0.0%
TOTALS	27	0.0%	88	0.1%	0	2	41	0	158	0.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	6	4	0	0	0	0	0	0	6	4	10
60 to 64	6	1	0	0	0	0	0	0	6	1	7
65 to 74	12	14	0	0	0	0	0	0	12	14	26
75 to 84	19	30	0	0	0	0	1	0	20	30	50
85+	16	49	0	0	0	0	0	0	16	49	65
TOTALS	59	98	0	0	0	0	1	0	60	98	158

BELLA TERRA MORTON GROVE
8425 WAUKEGAN RD
Morton Grove, IL. 60053

Classification Numbers

Facility ID	6000889	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	84	0	1	41	4	157
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	1	0	0	1
TOTALS	27	84	0	2	41	4	158

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	14	0	0	0	14
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	2	0	0	0	2
White	117	0	0	1	118
Race Unknown	14	0	0	0	14
Total	157	0	0	1	158

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	134	0	0	0	134
Ethnicity Unknown	14	0	0	0	14
Total	158	0	0	0	158

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	28.00
LPN's	18.50
Certified Aides	56.00
Other Health Staff	2.00
Non-Health Staff	65.00
Totals	171.50

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
26.2%	39.1%	0.0%	6.7%	28.0%	100.0%		
3,995,681	5,977,568	0	1,017,120	4,280,431	15,270,800	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Bellefontaine Terrace
98 Debra Lane
Waterloo, IL. 62298

Reference Numbers

Facility ID	6010417	
Health Service Area	011	
Planning Service Area	133	Monroe
County	133	Monroe County

Administrator
Penelope Allen

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5445	93.2%	0	0	0	0	5445	93.2%	93.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5445	93.2%	0	0	0	0	5445	93.2%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	3	0	0	2	3	5
45 to 59	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	1	2	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
TOTALS	0	0	0	0	7	8	0	0	7	8	15

Bellefontaine Terrace
98 Debra Lane
Waterloo, IL. 62298

Classification Numbers

Facility ID	6010417	
Health Service Area	011	
Planning Service Area	133	Monroe
County	133	Monroe County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	83.7%	1.6%	0.0%	14.7%	100.0%		
0	535,047	10,499	0	93,924	639,470	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Bellwood Developmental Center
105 Eastern Ave
Bellwood, IL. 60104

Reference Numbers

Facility ID	6007066	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Proviso Township

Administrator
Sarah B Krywokulsky

Contact Person and Telephone
Sarah B Krywokulsky
708-547-3580

Registered Agent Information

Date Questionnaire Completed 4/12/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	78
Total Admissions 2017	10
Total Discharges 2017	11
Residents on 12/31/2017	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	77
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
TOTALS	77

Total Residents Diagnosed as Mentally Ill 40

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	82	0	0	0	77	5		82
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	82	0	0	0	77	5	0	82

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			28605	95.6%	0	0	365	0	28970	96.8%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	28605	95.6%	0	0	365	0	28970	96.8%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	9	6	0	0	9	6	15
45 to 59	0	0	0	0	20	14	0	0	20	14	34
60 to 64	0	0	0	0	8	5	0	0	8	5	13
65 to 74	0	0	0	0	5	9	0	0	5	9	14
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	43	34	0	0	43	34	77

Bellwood Developmental Center
105 Eastern Ave
Bellwood, IL. 60104

Classification Numbers

Facility ID	6007066	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Proviso Township

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		76	0	0	1	0	77
Sheltered Care			0	0	0	0	0
TOTALS	0	76	0	0	1	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	26	0	26
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	51	0	51
Race Unknown	0	0	0	0	0
Total	0	0	77	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	11	0	11
Non-Hispanic	0	0	66	0	66
Ethnicity Unknown	0	0	0	0	0
Total	0	0	77	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	1.50
LPN's	7.00
Certified Aides	16.00
Other Health Staff	22.50
Non-Health Staff	28.50
Totals	78.50

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%	98.8%	0.0%	0.0%	1.2%	100.0%		
0	5,291,095	0	0	64,577	5,355,672	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Belmont Nursing Home
1936 W. Belmont Ave
Chicago, IL. 60657-2025

Reference Numbers

Facility ID	6000848	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 5 - North Center

Administrator
Donna T. Harris

Contact Person and Telephone
Donna T. Harris
773-525-7176

Registered Agent Information
Eileen Conway
1936 W. Belmont Ave.
Chicago, IL 60657

Date Questionnaire Completed 4/17/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	1
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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	47
Total Admissions 2017	27
Total Discharges 2017	27
Residents on 12/31/2017	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	47
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
TOTALS	47

Total Residents Diagnosed as Mentally Ill 47

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	61	61	47	61	47	14	0	61
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	61	61	47	61	47	14	0	61

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	16958	76.2%	0	0	90	0	17048	76.6%	76.6%
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%
TOTALS	0	0.0%	16958	76.2%	0	0	90	0	17048	76.6%	76.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	4	0	0	0	0	0	0	4	4	8
45 to 59	15	7	0	0	0	0	0	0	15	7	22
60 to 64	5	2	0	0	0	0	0	0	5	2	7
65 to 74	4	2	0	0	0	0	0	0	4	2	6
75 to 84	1	3	0	0	0	0	0	0	1	3	4
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	29	18	0	0	0	0	0	0	29	18	47

Belmont Nursing Home
1936 W. Belmont Ave
Chicago, IL. 60657-2025

Classification Numbers

Facility ID	6000848	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 5 - North Center

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	46	0	0	1	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	46	0	0	1	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	4.00
Certified Aides	3.00
Other Health Staff	3.00
Non-Health Staff	11.00
Totals	23.00

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
72.3%	6.7%	0.0%	0.0%	21.0%	100.0%		
1,527,668	142,390	0	0	444,000	2,114,058	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Bement Health Care Center
601 N. Morgan St.
Bement, IL. 61813

Reference Numbers

Facility ID	6000855	
Health Service Area	004	
Planning Service Area	147	Piatt
County	147	Piatt County

Administrator
Paula Mason

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 2/28/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	42
Total Admissions 2017	42
Total Discharges 2017	52
Residents on 12/31/2017	32

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	10
Mental Illness	1
Developmental Disability	0
Circulatory System	7
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	32

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	60	32	60	32	28	60	60
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	60	60	32	60	32	28	60	60

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	692	3.2%	10030	45.8%	0	67	3395	0	14184	64.8%	64.8%
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%
TOTALS	692	3.2%	10030	45.8%	0	67	3395	0	14184	64.8%	64.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	12	20	0	0	0	0	0	0	12	20	32

Bement Health Care Center
601 N. Morgan St.
Bement, IL. 61813

Classification Numbers

Facility ID	6000855	
Health Service Area	004	
Planning Service Area	147	Piatt
County	147	Piatt County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	18	0	0	11	0	32
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	18	0	0	11	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	30	0	0	0	30
Race Unknown	0	0	0	0	0
Total	32	0	0	0	32

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	32	0	0	0	32
Ethnicity Unknown	0	0	0	0	0
Total	32	0	0	0	32

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	2.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	17.00
Totals	39.00

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
4.4%	68.3%	0.0%	2.0%	25.3%	100.0%		
85,322	1,326,484	0	38,374	492,092	1,942,272	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Benjamin Green-Field Residence
14245 Rockland Road
Libertyville, IL. 60048

Reference Numbers

Facility ID	6014591	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Kimberly A. Czyzowicz

Contact Person and Telephone

Registered Agent Information

Date Questionnaire Completed 4/26/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	2
Total Discharges 2017	3
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	15	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	15	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			15	0.3%	6	0	0	0	21	0.4%	0.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	15	0.3%	6	0	0	0	21	0.4%	0.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	6	2	0	0	6	2	8
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	2	1	0	0	2	1	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	9	6	0	0	9	6	15

Benjamin Green-Field Residence
14245 Rockland Road
Libertyville, IL. 60048

Classification Numbers

Facility ID	6014591	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.20
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	5.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	5.70

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	772,107	0	0	0	772,107	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Benton Rehab abd Healthcare Center
1409 N. main St, P.O. Box 847
Benton, IL. 62812

Reference Numbers

Facility ID	6005391	
Health Service Area	005	
Planning Service Area	055	Franklin
County	055	Franklin County

Administrator
Mary Scharlemann

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/20/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	30
Total Admissions 2017	61
Total Discharges 2017	54
Residents on 12/31/2017	37

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	13
Mental Illness	2
Developmental Disability	0
Circulatory System	7
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	37

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	67	67	37	67	37	30	11	67
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	67	67	37	67	37	30	11	67

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1079	26.9%	9516	38.9%	0	55	1211	0	11861	48.5%	48.5%
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%
TOTALS	1079	26.9%	9516	38.9%	0	55	1211	0	11861	48.5%	48.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	5	1	6
60 to 64	5	2	0	0	0	0	0	0	5	2	7
65 to 74	7	3	0	0	0	0	0	0	7	3	10
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	4	3	0	0	0	0	0	0	4	3	7
TOTALS	24	13	0	0	0	0	0	0	24	13	37

Benton Rehab abd Healthcare Center
1409 N. main St, P.O. Box 847
Benton, IL. 62812

Classification Numbers

Facility ID	6005391	
Health Service Area	005	
Planning Service Area	055	Franklin
County	055	Franklin County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	23	9	1	1	0	37
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	23	9	1	1	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	37	0	0	0	37

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	37	0	0	0	37
Ethnicity Unknown	0	0	0	0	0
Total	37	0	0	0	37

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	6.00
Certified Aides	16.00
Other Health Staff	2.00
Non-Health Staff	12.00
Totals	39.00

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
12.0%	79.7%	0.0%	1.2%	7.1%	100.0%		
195,796	1,298,504	0	19,983	115,382	1,629,665	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BERKELEY NURSING & REHAB CENTER
6909 WEST NORTH AVENUE
Oak Park, IL. 60302

Reference Numbers

Facility ID	6010110	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Oak Park Township

Administrator
Joseph Meyers

Contact Person and Telephone
Joseph Meyers
708-386-1112

Registered Agent Information

Date Questionnaire Completed 4/16/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	60
Total Admissions 2017	38
Total Discharges 2017	40
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	9
Developmental Disability	0
Circulatory System	23
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 45

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	72	72	72	72	57	15	72	72
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	72	72	72	72	57	15	72	72

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1375	5.2%	19966	76.0%	0	361	971	0	22673	86.3%	86.3%
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%
TOTALS	1375	5.2%	19966	76.0%	0	361	971	0	22673	86.3%	86.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	2	3	5
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	6	14	0	0	0	0	0	0	6	14	20
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	3	15	0	0	0	0	0	0	3	15	18
TOTALS	18	39	0	0	0	0	0	0	18	39	57

BERKELEY NURSING & REHAB CENTER
6909 WEST NORTH AVENUE
Oak Park, IL. 60302

Classification Numbers

Facility ID	6010110	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Oak Park Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	52	0	0	2	0	57
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	52	0	0	2	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	44	0	0	0	44
Hawaiian/Pacific Isl.	0	0	0	0	0
White	13	0	0	0	13
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	54	0	0	0	54
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.34
LPN's	7.89
Certified Aides	20.79
Other Health Staff	0.00
Non-Health Staff	25.56
Totals	58.58

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
19.7%	73.3%	0.0%	4.3%	2.7%	100.0%		
918,366	3,424,848	0	200,985	126,851	4,671,050	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Bethalto Care Center, Inc.
815 South Prairie Street
Bethalto, IL. 62010

Reference Numbers

Facility ID	6000863	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Linda Daniels

Contact Person and Telephone
Brandie Turner
618-377-2144

Registered Agent Information
Linda Daniels
212 South Buchanan Street, Apt. K. PO Box 427
Edwardsville, IL 62025

Date Questionnaire Completed 4/12/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	52
Total Admissions 2017	28
Total Discharges 2017	28
Residents on 12/31/2017	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	34
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	0	0	0	52	46	0	98
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	98	0	0	0	52	46	0	98

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	14045	39.3%	0	0	3498	0	17543	49.0%	0.0%
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%
TOTALS	0	0.0%	14045	39.3%	0	0	3498	0	17543	49.0%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	6	15	0	0	0	0	0	0	6	15	21
85+	3	26	0	0	0	0	0	0	3	26	29
TOTALS	9	43	0	0	0	0	0	0	9	43	52

Bethalto Care Center, Inc.
815 South Prairie Street
Bethalto, IL. 62010

Classification Numbers

Facility ID	6000863	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	44	0	0	8	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	44	0	0	8	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.45
LPN's	5.00
Certified Aides	19.50
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	39.95

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
0.0%	47.0%	0.0%	0.0%	53.0%	100.0%		
0	1,320,590	0	0	1,490,738	2,811,328	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Bethany Rehabilitation and Health Care Center
3298 Resource Parkway
DeKalb, IL. 60115

Reference Numbers

Facility ID	6014872	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

Administrator
Brian Thor

Contact Person and Telephone
Brian Thor
815-756-5526

Registered Agent Information
Dan Maher
412 E. Lawrence Ave.
Springfield, IL 62703

Date Questionnaire Completed 4/30/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	72
Total Admissions 2017	404
Total Discharges 2017	401
Residents on 12/31/2017	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	6
Developmental Disability	0
Circulatory System	25
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	86	80	82	75	15	90	70
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	90	86	80	82	75	15	90	70

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5964	18.2%	13218	51.7%	0	2386	3769	0	25337	77.1%	80.7%
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%
TOTALS	5964	18.2%	13218	51.7%	0	2386	3769	0	25337	77.1%	80.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	5	15	0	0	0	0	0	0	5	15	20
75 to 84	4	19	0	0	0	0	0	0	4	19	23
85+	5	20	0	0	0	0	0	0	5	20	25
TOTALS	15	60	0	0	0	0	0	0	15	60	75

Bethany Rehabilitation and Health Care Center
3298 Resource Parkway
DeKalb, IL. 60115

Classification Numbers

Facility ID	6014872	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	41	0	4	12	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	41	0	4	12	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	1	0	0	0	1

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	4.00
Certified Aides	12.00
Other Health Staff	4.00
Non-Health Staff	8.00
Totals	40.00

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
45.6%	29.1%	0.0%	13.1%	12.2%	100.0%		
3,186,595	2,038,545	0	915,184	853,189	6,993,513	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Bethesda Lutheran-Sycamore
1761 Woodgate Drive
Sycamore, IL. 60178

Reference Numbers

Facility ID	6012116	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

Administrator
Cathleen Smith

Contact Person and Telephone
Cathleen Smith
815-762-6406

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/13/2018

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	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	0
Total Discharges 2017	1
Residents on 12/31/2017	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
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
TOTALS	11

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	14	14	12	14	11	3		14
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	14	14	12	14	11	3	0	14

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4250	83.2%	0	0	0	0	4250	83.2%	83.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4250	83.2%	0	0	0	0	4250	83.2%	83.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	1	0	0	3	1	4
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	6	5	0	0	6	5	11

Bethesda Lutheran-Sycamore
1761 Woodgate Drive
Sycamore, IL. 60178

Classification Numbers

Facility ID	6012116	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	1	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	11.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	648,334	0	0	0	648,334	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Bethesda Rehab and Senior Care
2833 North Nordica Ave.
Chicago , IL. 60631

Reference Numbers

Facility ID	6006688	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 18 - Montclare

Administrator
Erin Conley

Contact Person and Telephone
Silvia Morici
773-577-5327

Registered Agent Information
Michael Toohey
2833 North Nordica Ave.
Chicago, IL 60634

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	65
Total Admissions 2017	193
Total Discharges 2017	185
Residents on 12/31/2017	73

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	5
Mental Illness	16
Developmental Disability	0
Circulatory System	20
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	4
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 34

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	113	100	60	100	60	53	62	54
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	39	39	13	39	13	26		
TOTAL BEDS	152	139	73	139	73	79	62	54

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3378	14.9%	9759	49.5%	0	0	8096	181	21414	51.9%	58.7%
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	4929	4	4933	34.7%	34.7%
TOTALS	3378	14.9%	9759	49.5%	0	0	13025	185	26347	47.5%	51.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	1	6	7
65 to 74	2	3	0	0	0	0	0	1	2	4	6
75 to 84	6	13	0	0	0	0	2	2	8	15	23
85+	6	23	0	0	0	0	3	4	9	27	36
TOTALS	15	45	0	0	0	0	5	8	20	53	73

Bethesda Rehab and Senior Care
2833 North Nordica Ave.
Chicago , IL. 60631

Classification Numbers

Facility ID	6006688	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 18 - Montclare

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	17	0	3	29	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	13	0	13
TOTALS	11	17	0	3	42	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	13	70
Race Unknown	0	0	0	0	0
Total	60	0	0	13	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	59	0	0	13	72
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	13	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	8.00
Certified Aides	39.00
Other Health Staff	5.00
Non-Health Staff	46.00
Totals	117.00

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
27.1%	23.4%	0.0%	0.0%	49.5%	100.0%		
1,718,371	1,485,417	0	0	3,135,437	6,339,225	66,233	1.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

7/18/2016 Discontinued 10 Sheltered Care beds; facility now has 39 Sheltered Care beds.

1/14/2016 Formerly Bethesda Home and Retirement Center.

Bethshan Association
12927 S Monitor Ave
Palos Heights, IL. 60463

Reference Numbers

Facility ID	6000905	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

Administrator
Beth Toeset

Contact Person and Telephone
Steve Goudzwaard
708-371-0800

Registered Agent Information
Joseph Lanenga
12927 S Monitor Ave
Palos Heights, IL 60463

Date Questionnaire Completed 3/12/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	45
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	45
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
TOTALS	45

Total Residents Diagnosed as Mentally Ill 27

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	45	45	45	45	45	0		45
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	45	45	45	45	45	0	0	45

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			16106	98.1%	8	0	0	0	16114	98.1%	98.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	16106	98.1%	8	0	0	0	16114	98.1%	98.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	8	7	0	0	8	7	15
45 to 59	0	0	0	0	7	8	0	0	7	8	15
60 to 64	0	0	0	0	3	3	0	0	3	3	6
65 to 74	0	0	0	0	3	2	0	0	3	2	5
75 to 84	0	0	0	0	2	2	0	0	2	2	4
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	23	22	0	0	23	22	45

Bethshan Association
12927 S Monitor Ave
Palos Heights, IL. 60463

Classification Numbers

Facility ID	6000905	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		45	0	0	0	0	45
Sheltered Care			0	0	0	0	0
TOTALS	0	45	0	0	0	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	43	0	43
Race Unknown	0	0	0	0	0
Total	0	0	45	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	45	0	45
Ethnicity Unknown	0	0	0	0	0
Total	0	0	45	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.75
LPN's	2.00
Certified Aides	36.00
Other Health Staff	7.00
Non-Health Staff	12.25
Totals	65.00

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
0.0%	84.6%	15.0%	0.0%	0.4%	100.0%		
0	2,303,008	407,667	0	11,420	2,722,095	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Beverly Farm Foundation
6301 Humbert Road
Godfrey , IL. 62035

Reference Numbers

Facility ID	6000947	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Vicky Vogt

Contact Person and Telephone
Debra Reed
618-466-0367

Registered Agent Information
Nicholas J Lynn
190 S. LaSalle Street Suite 3700
Chicago, IL 60603

Date Questionnaire Completed 4/13/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	268
Total Admissions 2017	17
Total Discharges 2017	23
Residents on 12/31/2017	262

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	262
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
TOTALS	262

Total Residents Diagnosed as Mentally Ill 150

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	300	288	268	288	262	38		279
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	300	288	268	288	262	38	0	279

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			259	0.3%	0	0	3	0	262	0.2%	0.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	259	0.3%	0	0	3	0	262	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	66	53	0	0	66	53	119
45 to 59	0	0	0	0	29	30	0	0	29	30	59
60 to 64	0	0	0	0	18	14	0	0	18	14	32
65 to 74	0	0	0	0	21	21	0	0	21	21	42
75 to 84	0	0	0	0	6	1	0	0	6	1	7
85+	0	0	0	0	2	1	0	0	2	1	3
TOTALS	0	0	0	0	142	120	0	0	142	120	262

Beverly Farm Foundation
6301 Humbert Road
Godfrey , IL. 62035

Classification Numbers

Facility ID	6000947	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		257	0	0	2	3	262
Sheltered Care			0	0	0	0	0
TOTALS	0	257	0	0	2	3	262

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	3	0	3
American Indian	0	0	0	0	0
Black	0	0	19	0	19
Hawaiian/Pacific Isl.	0	0	2	0	2
White	0	0	238	0	238
Race Unknown	0	0	0	0	0
Total	0	0	262	0	262

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	260	0	260
Ethnicity Unknown	0	0	0	0	0
Total	0	0	262	0	262

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	6.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	8.00
Certified Aides	134.00
Other Health Staff	47.00
Non-Health Staff	54.00
Totals	259.00

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
0.0%	82.0%	0.0%	0.0%	18.0%	100.0%		
0	10,472,241	0	0	2,296,159	12,768,400	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Big Meadows, Inc.
1000 Longmoor Ave
Savanna, IL. 61074

Reference Numbers

Facility ID	6000962	
Health Service Area	001	
Planning Service Area	015	Carroll
County	015	Carroll County

Administrator
Ethan Gapinski

Contact Person and Telephone
Joan Anderson
815-273-2238

Registered Agent Information
Alan Gapinski
1310 N Woodberry Dr
Mahomet, IL 61853

Date Questionnaire Completed 6/3/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	72
Total Admissions 2017	34
Total Discharges 2017	44
Residents on 12/31/2017	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	2
Mental Illness	24
Developmental Disability	0
Circulatory System	11
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 24

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	83	0	0	0	62	21	0	83
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	83	0	0	0	62	21	0	83

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	18779	62.0%	0	0	5536	0	24315	80.3%	0.0%
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%
TOTALS	0	0.0%	18779	62.0%	0	0	5536	0	24315	80.3%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	0	0	0	0	0	0	0	4	0	4
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	7	17	0	0	0	0	0	0	7	17	24
85+	6	17	0	0	0	0	0	0	6	17	23
TOTALS	24	38	0	0	0	0	0	0	24	38	62

Big Meadows, Inc.
1000 Longmoor Ave
Savanna, IL. 61074

Classification Numbers

Facility ID	6000962	
Health Service Area	001	
Planning Service Area	015	Carroll
County	015	Carroll County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	47	0	0	15	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	47	0	0	15	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.02
Director of Nursing	1.00
Registered Nurses	4.32
LPN's	7.29
Certified Aides	25.27
Other Health Staff	13.11
Non-Health Staff	21.37
Totals	73.38

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
6.7%	68.0%	0.0%	0.0%	25.3%	100.0%		
270,197	2,745,972	0	0	1,020,827	4,036,996	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Birchwood Plaza Inc.
1426 W. Birchwood Ave.
Chicago, IL. 60626

Reference Numbers

Facility ID	6000988	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

Administrator
Abraham Schiffman

Contact Person and Telephone
Allison Rubens
773-274-4405

Registered Agent Information

Date Questionnaire Completed 4/13/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	167
Total Admissions 2017	178
Total Discharges 2017	189
Residents on 12/31/2017	156

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	17
Endocrine/Metabolic	49
Blood Disorders	17
*Nervous System Non Alzheimer	0
Alzheimer Disease	25
Mental Illness	20
Developmental Disability	2
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	26
Non-Medical Conditions	0
TOTALS	156

Total Residents Diagnosed as Mentally Ill 20

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	200	200	172	200	156	44	200	200
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	200	200	172	200	156	44	200	200

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12103	16.6%	200484	######	0	692	33574	0	246853	338.2%	338.2%
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%
TOTALS	12103	16.6%	200484	######	0	692	33574	0	246853	338.2%	338.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	10	13	0	0	0	0	0	0	10	13	23
75 to 84	20	41	0	0	0	0	0	0	20	41	61
85+	17	54	0	0	0	0	0	0	17	54	71
TOTALS	48	108	0	0	0	0	0	0	48	108	156

Birchwood Plaza Inc.
1426 W. Birchwood Ave.
Chicago, IL. 60626

Classification Numbers

Facility ID	6000988	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	114	0	0	31	0	156
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	114	0	0	31	0	156

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	138	0	0	0	138
Race Unknown	0	0	0	0	0
Total	156	0	0	0	156

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	149	0	0	0	149
Ethnicity Unknown	0	0	0	0	0
Total	156	0	0	0	156

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	17.00
LPN's	4.00
Certified Aides	51.00
Other Health Staff	9.00
Non-Health Staff	39.00
Totals	124.00

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
27.7%	51.1%	0.0%	2.7%	18.5%	100.0%		
3,593,233	6,617,840	0	351,442	2,391,360	12,953,875	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Blessing Hospital
Broadway at 11th Street
Quincy, IL. 62301

Reference Numbers

Facility ID	6011977	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

Administrator
Maureen Kahn

Contact Person and Telephone
Ken Stegeman
217-223-1200

Registered Agent Information

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	14
Total Admissions 2017	627
Total Discharges 2017	623
Residents on 12/31/2017	18

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	20	20	20	20	18	2	20	0
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	20	20	20	20	18	2	20	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5212	71.4%	23	0.0%	44	530	25	246	6080	83.3%	83.3%
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%
TOTALS	5212	71.4%	23	0.0%	44	530	25	246	6080	83.3%	83.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	2	0	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	3	3	0	0	0	0	0	0	3	3	6
85+	1	4	0	0	0	0	0	0	1	4	5
TOTALS	8	10	0	0	0	0	0	0	8	10	18

Blessing Hospital
Broadway at 11th Street
Quincy, IL. 62301

Classification Numbers

Facility ID	6011977	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	0	0	2	0	1	18
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	0	0	2	0	1	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	18	0	0	0	18
Race Unknown	0	0	0	0	0
Total	18	0	0	0	18

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	18	0	0	0	18
Ethnicity Unknown	0	0	0	0	0
Total	18	0	0	0	18

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	14.70
LPN's	4.37
Certified Aides	12.23
Other Health Staff	1.54
Non-Health Staff	1.92
Totals	35.76

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
60.2%	0.0%	0.0%	39.8%	0.0%	100.0%		
1,890,091	0	384	1,251,228	0	3,141,703	122,623	3.9%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Bloomington Rehabilitation & HCC
1925 South Main Streen
Bloomington, IL. 61701

Reference Numbers

Facility ID	6000996	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Janice Kindred

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/16/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	48
Total Admissions 2017	82
Total Discharges 2017	79
Residents on 12/31/2017	51

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	51

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	78	78	57	78	51	27	26	78
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	78	78	57	78	51	27	26	78

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1194	12.6%	15048	52.9%	0	0	1260	0	17502	61.5%	61.5%
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%
TOTALS	1194	12.6%	15048	52.9%	0	0	1260	0	17502	61.5%	61.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	7	3	0	0	0	0	0	0	7	3	10
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	7	4	0	0	0	0	0	0	7	4	11
75 to 84	2	11	0	0	0	0	0	0	2	11	13
85+	1	8	0	0	0	0	0	0	1	8	9
TOTALS	21	30	0	0	0	0	0	0	21	30	51

Bloomington Rehabilitation & HCC
1925 South Main Streen
Bloomington, IL. 61701

Classification Numbers

Facility ID	6000996	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	43	0	0	4	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	43	0	0	4	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	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

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	5.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	17.00
Totals	43.00

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
9.6%	81.7%	0.0%	2.0%	6.7%	100.0%		
269,792	2,290,017	0	55,166	186,991	2,801,966	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Boyd Avenue Home
110 S. Boyd Avenue
Amboy, IL. 61310

Reference Numbers

Facility ID	6013635	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

Administrator
Ron Heiderscheit

Contact Person and Telephone
Ron Heiderscheit
815-288-6691 ext. 269

Registered Agent Information
Jeff Stauter
500 Anchor Road
Dixon, IL 61021

Date Questionnaire Completed 4/7/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	6
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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
TOTALS	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	3	0	0	0	3	0	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
TOTALS	0	0	0	0	6	0	0	0	6	0	6

Boyd Avenue Home
110 S. Boyd Avenue
Amboy, IL. 61310

Classification Numbers

Facility ID	6013635	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	5	0	5

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	1	0	1

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	5.25
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	7.00

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
0.0%	16.6%	83.3%	0.0%	0.1%	100.0%		
0	60,959	305,496	0	337	366,792	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Brach House
6300 N. Ridge Ave.
Chicago, IL. 60660

Reference Numbers

Facility ID	6011555	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Joe Ferrara

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Date Questionnaire Completed 3/28/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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
TOTALS	12

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4344	99.2%	0	0	0	0	4344	99.2%	99.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4344	99.2%	0	0	0	0	4344	99.2%	99.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	11	0	0	0	11	0	11
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	12	0	0	0	12	0	12

Brach House
6300 N. Ridge Ave.
Chicago, IL. 60660

Classification Numbers

Facility ID	6011555	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.22
Physicians	0.09
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	9.35
Other Health Staff	4.40
Non-Health Staff	0.23
Totals	14.40

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%	86.3%	0.0%	0.0%	13.7%	100.0%		
0	683,639	0	0	108,650	792,289	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Brauns Terrace
1115 E. Washington Ave
Greenville, IL. 62246

Reference Numbers

Facility ID	6012090	
Health Service Area	005	
Planning Service Area	005	Bond
County	005	Bond County

Administrator
Theresa M. Schulte

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	2
Total Discharges 2017	0
Residents on 12/31/2017	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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
TOTALS	14

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	14	2	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4729	81.0%	0	0	0	0	4729	81.0%	81.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4729	81.0%	0	0	0	0	4729	81.0%	81.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	1	0	0	4	1	5
45 to 59	0	0	0	0	5	2	0	0	5	2	7
60 to 64	0	0	0	0	1	1	0	0	1	1	2
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
TOTALS	0	0	0	0	10	4	0	0	10	4	14

Brauns Terrace
1115 E. Washington Ave
Greenville, IL. 62246

Classification Numbers

Facility ID	6012090	
Health Service Area	005	
Planning Service Area	005	Bond
County	005	Bond County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	76.8%	2.1%	0.0%	21.1%	100.0%		
0	421,201	11,661	0	115,826	548,688	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Breese Nursing Home
1155 North 1st Street
Breese , IL. 62230

Reference Numbers

Facility ID	6001101	
Health Service Area	011	
Planning Service Area	027	Clinton
County	027	Clinton County

Administrator
Jodine Jackson

Contact Person and Telephone
Jodine Jackson
618-526-4521

Registered Agent Information
Dominic Madury
785 Wall Street

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	58
Total Admissions 2017	103
Total Discharges 2017	101
Residents on 12/31/2017	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	18
Mental Illness	2
Developmental Disability	0
Circulatory System	9
Respiratory System	3
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	2
TOTALS	60

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	112	112	63	112	60	52	38	112
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	112	112	63	112	60	52	38	112

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2238	16.1%	7772	19.0%	238	170	10442	0	20860	51.0%	51.0%
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%
TOTALS	2238	16.1%	7772	19.0%	238	170	10442	0	20860	51.0%	51.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	2	0	0	0	0	0	0	2	2	4
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	4	6	0	0	0	0	0	0	4	6	10
85+	11	29	0	0	0	0	0	0	11	29	40
TOTALS	20	40	0	0	0	0	0	0	20	40	60

Breese Nursing Home
1155 North 1st Street
Breese , IL. 62230

Classification Numbers

Facility ID	6001101	
Health Service Area	011	
Planning Service Area	027	Clinton
County	027	Clinton County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	14.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	67.00

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
35.2%	28.9%	0.0%	0.6%	35.2%	100.0%		
1,402,425	1,152,506	0	25,500	1,402,425	3,982,856	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Brentwood North
3705 Deerfield Rd.
Riverwoods, IL. 60015

Reference Numbers

Facility ID	6001119	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Jack Kropp

Contact Person and Telephone
Same

Registered Agent Information
Marilyn Dunn
55 West Monroe, Ste. 2400
Chicago, IL 60603

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	125
Total Admissions 2017	553
Total Discharges 2017	549
Residents on 12/31/2017	129

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	6
Mental Illness	39
Developmental Disability	0
Circulatory System	25
Respiratory System	17
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	6
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	129

Total Residents Diagnosed as Mentally Ill 39

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	243	0	0	114	129	114	240	240
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	243	0	0	114	129	114	240	240

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	22	0.0%	12	0.0%	60	7	28	0	129	0.1%	0.0%
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%
TOTALS	22	0.0%	12	0.0%	60	7	28	0	129	0.1%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	1	3	4
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	9	13	0	0	0	0	0	0	9	13	22
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	25	49	0	0	0	0	0	0	25	49	74
TOTALS	44	85	0	0	0	0	0	0	44	85	129

Brentwood North
3705 Deerfield Rd.
Riverwoods, IL. 60015

Classification Numbers

Facility ID	6001119	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	12	60	7	28	0	129
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	12	60	7	28	0	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	186	0	0	0	186
Race Unknown	0	0	0	0	0
Total	196	0	0	0	196

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	11	0	0	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	34.00
LPN's	4.00
Certified Aides	53.00
Other Health Staff	12.00
Non-Health Staff	33.00
Totals	138.00

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
35.5%	29.5%	1.6%	4.7%	28.7%	100.0%		
5,117,864	4,241,115	234,511	676,717	4,126,195	14,396,402	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRIA of Belleville
150 North 27th Street
Belleville, IL. 62226

Reference Numbers

Facility ID	6005474	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Amy Merritt

Contact Person and Telephone
Amy Merritt
618-235-6600

Registered Agent Information

Date Questionnaire Completed 4/11/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	111
Total Admissions 2017	326
Total Discharges 2017	324
Residents on 12/31/2017	113

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	21
Developmental Disability	0
Circulatory System	20
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	11
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	8
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	113

Total Residents Diagnosed as Mentally Ill 23

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	140	140	122	140	113	27	94	140
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	140	140	122	140	113	27	94	140

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4171	12.2%	27901	54.6%	6041	2494	1020	0	41627	81.5%	81.5%
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%
TOTALS	4171	12.2%	27901	54.6%	6041	2494	1020	0	41627	81.5%	81.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	3	0	0	0	0	0	0	2	3	5
45 to 59	13	5	0	0	0	0	0	0	13	5	18
60 to 64	11	7	0	0	0	0	0	0	11	7	18
65 to 74	9	16	0	0	0	0	0	0	9	16	25
75 to 84	9	20	0	0	0	0	0	0	9	20	29
85+	4	14	0	0	0	0	0	0	4	14	18
TOTALS	48	65	0	0	0	0	0	0	48	65	113

BRIA of Belleville
150 North 27th Street
Belleville, IL. 62226

Classification Numbers

Facility ID	6005474	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	76	20	3	2	0	113
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	76	20	3	2	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	60	0	0	0	60
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	0	0	0	0	0
Total	113	0	0	0	113

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	21.00
Certified Aides	48.00
Other Health Staff	10.00
Non-Health Staff	7.00
Totals	93.00

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
26.3%	59.8%	11.7%	0.0%	2.2%	100.0%		
2,180,972	4,962,441	974,948	0	179,220	8,297,581	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Bria of Cahokia
3354 Jerome Lane
Cahokia, IL. 62206

Reference Numbers

Facility ID	6007983	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Michael Olson

Contact Person and Telephone
Michael Olson
618-337-9400

Registered Agent Information
Gary Weintraub
465 Central Avenue #100
Northfield, IL 60093

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	113
Total Admissions 2017	109
Total Discharges 2017	106
Residents on 12/31/2017	116

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	53
Developmental Disability	0
Circulatory System	8
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	9
Other Medical Conditions	13
Non-Medical Conditions	3
TOTALS	116

Total Residents Diagnosed as Mentally Ill 76

Total Residents Reported as Identified Offenders 14

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	133	133	132	133	116	17	49	133
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	133	133	132	133	116	17	49	133

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	32800	183.4%	14275	29.4%	0	0	371	0	47446	97.7%	97.7%
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%
TOTALS	32800	183.4%	14275	29.4%	0	0	371	0	47446	97.7%	97.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	1	0	0	0	0	0	0	4	1	5
45 to 59	25	14	0	0	0	0	0	0	25	14	39
60 to 64	12	4	0	0	0	0	0	0	12	4	16
65 to 74	14	12	0	0	0	0	0	0	14	12	26
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	5	10	0	0	0	0	0	0	5	10	15
TOTALS	67	49	0	0	0	0	0	0	67	49	116

Bria of Cahokia
3354 Jerome Lane
Cahokia, IL. 62206

Classification Numbers

Facility ID	6007983	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	105	0	2	0	0	116
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	105	0	2	0	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	72	0	0	0	72
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	116	0	0	0	116

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	0	0	0	0	0
Total	116	0	0	0	116

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	2.00
Registered Nurses	2.90
LPN's	12.70
Certified Aides	39.00
Other Health Staff	5.30
Non-Health Staff	39.70
Totals	103.60

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
24.5%	73.1%	1.8%	0.0%	0.6%	100.0%		
1,855,583	5,531,903	135,605	0	46,800	7,569,891	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Bria of Forest Edge
8001 S. Western Avenue
Chicago, IL. 60620

Reference Numbers

Facility ID	6000954	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 70 - Ashburn

Administrator
Philip Birn

Contact Person and Telephone
Philip Birn
773-436-6600

Registered Agent Information
Avrum Weinfeld
5151 Church Street
Skokie, IL 60077

Date Questionnaire Completed 4/3/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	274
Total Admissions 2017	203
Total Discharges 2017	210
Residents on 12/31/2017	267

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	28
Blood Disorders	2
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	26
Developmental Disability	0
Circulatory System	131
Respiratory System	32
Digestive System	0
Genitourinary System Disorders	16
Skin Disorders	6
Musculo-skeletal Disorders	3
Injuries and Poisonings	5
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	267

Total Residents Diagnosed as Mentally Ill 59

Total Residents Reported as Identified Offenders 61

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	328	328	328	328	267	61	108	328
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	328	328	328	328	267	61	108	328

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3779	9.6%	94407	78.9%	289	835	31	0	99341	83.0%	83.0%
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%
TOTALS	3779	9.6%	94407	78.9%	289	835	31	0	99341	83.0%	83.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	14	6	0	0	0	0	0	0	14	6	20
45 to 59	75	26	0	0	0	0	0	0	75	26	101
60 to 64	43	14	0	0	0	0	0	0	43	14	57
65 to 74	43	14	0	0	0	0	0	0	43	14	57
75 to 84	19	4	0	0	0	0	0	0	19	4	23
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	197	69	0	0	0	0	0	0	197	69	266

Bria of Forest Edge
8001 S. Western Avenue
Chicago, IL. 60620

Classification Numbers

Facility ID	6000954	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 70 - Ashburn

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	256	0	0	0	0	267
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	256	0	0	0	0	267

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	189	0	0	0	189
Hawaiian/Pacific Isl.	1	0	0	0	1
White	71	0	0	0	71
Race Unknown	4	0	0	0	4
Total	267	0	0	0	267

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	252	0	0	0	252
Ethnicity Unknown	1	0	0	0	1
Total	267	0	0	0	267

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	50.00
Certified Aides	176.00
Other Health Staff	12.00
Non-Health Staff	58.00
Totals	314.00

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
13.1%	83.0%	3.0%	0.9%	0.0%	100.0%		
2,209,575	13,999,181	509,991	147,006	3,258	16,869,011	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRIA OF GENEVA
1101 EAST STATE STREET
Geneva, IL. 60134

Reference Numbers

Facility ID	6003503	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Patricia Long

Contact Person and Telephone
Patricia Long
630-232-7554

Registered Agent Information
ABRAHAM GITNICKI
4711 GOLD ROAD, SUITE 200
Skokie, IL 60076

Date Questionnaire Completed 4/16/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	95
Total Admissions 2017	176
Total Discharges 2017	175
Residents on 12/31/2017	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	13
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	18
Developmental Disability	0
Circulatory System	22
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	4
Musculo-skeletal Disorders	3
Injuries and Poisonings	6
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	96

Total Residents Diagnosed as Mentally Ill 18

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	107	107	100	107	96	11	107	107
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	107	107	100	107	96	11	107	107

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3322	8.5%	27053	69.3%	491	0	3391	0	34257	87.7%	87.7%
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%
TOTALS	3322	8.5%	27053	69.3%	491	0	3391	0	34257	87.7%	87.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	6	0	0	0	0	0	0	0	6	6
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	8	21	0	0	0	0	0	0	8	21	29
85+	4	40	0	0	0	0	0	0	4	40	44
TOTALS	16	80	0	0	0	0	0	0	16	80	96

BRIA OF GENEVA
1101 EAST STATE STREET
Geneva, IL. 60134

Classification Numbers

Facility ID	6003503	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	76	1	0	9	0	96
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	76	1	0	9	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	91	0	0	0	91
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	5.00
Certified Aides	43.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	86.00

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
25.8%	58.2%	5.0%	0.0%	11.0%	100.0%		
2,055,811	4,637,411	397,050	0	877,712	7,967,984	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRIA OF PALOS HILLS
10426 SOUTH ROBERTS ROAD
Palos Hills, IL. 60485

Reference Numbers

Facility ID	6010086	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Palos Township

Administrator
Matthew Gidley

Contact Person and Telephone
Lauren Carrieri
708-598-3460

Registered Agent Information
Avrum Weinfield
6865 North Lincolnwood Ave
Lincolnwood, IL 60172

Date Questionnaire Completed 4/16/2018

Life Care Facility

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	164
Total Admissions 2017	828
Total Discharges 2017	859
Residents on 12/31/2017	133

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	2
Mental Illness	19
Developmental Disability	2
Circulatory System	25
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	17
Skin Disorders	3
Musculo-skeletal Disorders	7
Injuries and Poisonings	15
Other Medical Conditions	5
Non-Medical Conditions	5
TOTALS	133

Total Residents Diagnosed as Mentally Ill 104

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	203	169	203	133	70	135	183
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	203	203	169	203	133	70	135	183

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12510	25.4%	36399	54.5%	0	5165	2899	0	56973	76.9%	76.9%
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%
TOTALS	12510	25.4%	36399	54.5%	0	5165	2899	0	56973	76.9%	76.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	7	12	0	0	0	0	0	0	7	12	19
60 to 64	14	5	0	0	0	0	0	0	14	5	19
65 to 74	17	19	0	0	0	0	0	0	17	19	36
75 to 84	16	17	0	0	0	0	0	0	16	17	33
85+	5	18	0	0	0	0	0	0	5	18	23
TOTALS	61	72	0	0	0	0	0	0	61	72	133

BRIA OF PALOS HILLS
10426 SOUTH ROBERTS ROAD
Palos Hills, IL. 60485

Classification Numbers

Facility ID	6010086	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Palos Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	92	0	3	3	0	133
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	35	92	0	3	3	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	15	0	0	0	15
American Indian	0	0	0	0	0
Black	51	0	0	0	51
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	133	0	0	0	133

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	128	0	0	0	128
Ethnicity Unknown	0	0	0	0	0
Total	133	0	0	0	133

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.50
LPN's	19.79
Certified Aides	64.00
Other Health Staff	33.24
Non-Health Staff	10.49
Totals	151.02

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
45.2%	39.4%	12.6%	0.0%	2.8%	100.0%		
7,303,391	6,371,815	2,042,647	0	452,713	16,170,566	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

7/14/2016 Facility did not discontinue 63 Nursing Care beds; facility still has 203 Nursing Care beds.

7/14/2016 Facility discontinued 63 Nursing Care beds; facility now has 140 Nursing Care beds.

Bria of RIver Oaks
14500 south manistee ave
Burnham, IL. 60633

Reference Numbers

Facility ID	6001283	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

Administrator
Nancy Given

Contact Person and Telephone
Nancy GIven
708-862-1260

Registered Agent Information
Avrum Weinfeld
5151 Church Street
Skokie, IL 60077

Date Questionnaire Completed 3/20/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	245
Total Admissions 2017	85
Total Discharges 2017	91
Residents on 12/31/2017	239

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	36
Blood Disorders	1
*Nervous System Non Alzheimer	26
Alzheimer Disease	0
Mental Illness	17
Developmental Disability	0
Circulatory System	86
Respiratory System	36
Digestive System	1
Genitourinary System Disorders	16
Skin Disorders	1
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	239

Total Residents Diagnosed as Mentally Ill 221

Total Residents Reported as Identified Offenders 29

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	309	309	0	309	239	70	106	309
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	309	309	0	309	239	70	106	309

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4967	12.8%	85422	75.7%	0	0	288	0	90677	80.4%	80.4%
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%
TOTALS	4967	12.8%	85422	75.7%	0	0	288	0	90677	80.4%	80.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	63	38	0	0	0	0	0	0	63	38	101
60 to 64	30	14	0	0	0	0	0	0	30	14	44
65 to 74	33	24	0	0	0	0	0	0	33	24	57
75 to 84	9	16	0	0	0	0	0	0	9	16	25
85+	5	4	0	0	0	0	0	0	5	4	9
TOTALS	142	97	0	0	0	0	0	0	142	97	239

Bria of RIver Oaks
14500 south manistee ave
Burnham, IL. 60633

Classification Numbers

Facility ID	6001283	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	219	0	0	0	0	239
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	219	0	0	0	0	239

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	141	0	0	0	141
Hawaiian/Pacific Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	239	0	0	0	239

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	231	0	0	0	231
Ethnicity Unknown	0	0	0	0	0
Total	239	0	0	0	239

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.40
LPN's	28.80
Certified Aides	58.40
Other Health Staff	2.00
Non-Health Staff	32.20
Totals	131.80

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
14.6%	85.0%	0.0%	0.0%	0.4%	100.0%		
2,312,281	13,475,873	0	0	61,093	15,849,247	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Bria of S. Chicago Height
120 W. 26th St.
S. Chicago Heights, IL. 60411

Reference Numbers

Facility ID	6007991	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

Administrator
Isaac Pure

Contact Person and Telephone
Isaac Pure
708-756-5200

Registered Agent Information

Date Questionnaire Completed 5/1/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	92
Total Admissions 2017	105
Total Discharges 2017	101
Residents on 12/31/2017	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	15
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	1
Mental Illness	3
Developmental Disability	0
Circulatory System	33
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	6
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	96

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 9

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	106	104	103	104	96	10	64	112
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	106	104	103	104	96	10	64	112

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2356	10.1%	33639	82.3%	0	42	614	0	36651	94.7%	96.6%
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%
TOTALS	2356	10.1%	33639	82.3%	0	42	614	0	36651	94.7%	96.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	9	4	0	0	0	0	0	0	9	4	13
60 to 64	8	11	0	0	0	0	0	0	8	11	19
65 to 74	20	18	0	0	0	0	0	0	20	18	38
75 to 84	8	12	0	0	0	0	0	0	8	12	20
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	48	48	0	0	0	0	0	0	48	48	96

Bria of S. Chicago Height
120 W. 26th St.
S. Chicago Heights, IL. 60411

Classification Numbers

Facility ID	6007991	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	91	0	0	0	0	96
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	91	0	0	0	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	52	55
Hawaiian/Pacific Isl.	0	0	0	0	0
White	2	0	0	34	36
Race Unknown	0	0	0	5	5
Total	5	0	0	91	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	5	5
Non-Hispanic	5	0	0	86	91
Ethnicity Unknown	0	0	0	0	0
Total	5	0	0	91	96

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	6.26
LPN's	19.20
Certified Aides	40.41
Other Health Staff	9.60
Non-Health Staff	10.80
Totals	90.27

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRIA of Westmont
6501 S Cass Ave
Westmont, IL. 60559

Reference Numbers

Facility ID	6009930	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Downers Grove Township

Administrator
Efriam Weinfeld

Contact Person and Telephone
Efriam Weinfeld
630-960-2026 x105

Registered Agent Information
Avrum Weinfeld
5151 Church St
Skokie, IL 60077

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	159
Total Admissions 2017	471
Total Discharges 2017	452
Residents on 12/31/2017	178

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	11
Blood Disorders	1
*Nervous System Non Alzheimer	18
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	14
Digestive System	5
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	17
Injuries and Poisonings	6
Other Medical Conditions	78
Non-Medical Conditions	0
TOTALS	178

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	215	193	187	193	178	37	215	215
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	215	193	187	193	178	37	215	215

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6844	8.7%	51019	65.0%	0	2358	2902	0	63123	80.4%	89.6%
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%
TOTALS	6844	8.7%	51019	65.0%	0	2358	2902	0	63123	80.4%	89.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	3	0	0	0	0	0	0	3	3	6
45 to 59	9	10	0	0	0	0	0	0	9	10	19
60 to 64	5	6	0	0	0	0	0	0	5	6	11
65 to 74	15	24	0	0	0	0	0	0	15	24	39
75 to 84	10	38	0	0	0	0	0	0	10	38	48
85+	18	37	0	0	0	0	0	0	18	37	55
TOTALS	60	118	0	0	0	0	0	0	60	118	178

BRIA of Westmont
6501 S Cass Ave
Westmont, IL. 60559

Classification Numbers

Facility ID	6009930	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Downers Grove Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	142	0	0	8	0	178
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	142	0	0	8	0	178

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	17	0	0	0	17
American Indian	0	0	0	0	0
Black	19	0	0	0	19
Hawaiian/Pacific Isl.	4	0	0	0	4
White	116	0	0	0	116
Race Unknown	22	0	0	0	22
Total	178	0	0	0	178

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	152	0	0	0	152
Ethnicity Unknown	22	0	0	0	22
Total	178	0	0	0	178

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	64.00
LPN's	31.00
Certified Aides	131.60
Other Health Staff	6.80
Non-Health Staff	72.30
Totals	307.70

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
25.3%	61.6%	0.0%	8.1%	5.1%	100.0%		
3,791,096	9,224,445	0	1,206,154	758,527	14,980,222	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Briar Place
6800 Joliet Rd
Indian Head Park, IL. 60525

Reference Numbers

Facility ID	6001143	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lyons Township

Administrator
Addison Wilczak

Contact Person and Telephone
Addison Wilczak
708-246-8500

Registered Agent Information
David Aronin
2201 Main St
Evanston, IL 60202

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	217
Total Admissions 2017	85
Total Discharges 2017	84
Residents on 12/31/2017	218

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	169
Developmental Disability	0
Circulatory System	15
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	4
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	1
TOTALS	218

Total Residents Diagnosed as Mentally Ill 218

Total Residents Reported as Identified Offenders 32

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	232	232	230	232	218	14	88	232
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	232	232	230	232	218	14	88	232

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1694	5.3%	73492	86.8%	2834	422	844	0	79286	93.6%	93.6%
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%
TOTALS	1694	5.3%	73492	86.8%	2834	422	844	0	79286	93.6%	93.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	6	0	0	0	0	0	0	10	6	16
45 to 59	50	35	0	0	0	0	0	0	50	35	85
60 to 64	23	10	0	0	0	0	0	0	23	10	33
65 to 74	28	31	0	0	0	0	0	0	28	31	59
75 to 84	8	11	0	0	0	0	0	0	8	11	19
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	122	96	0	0	0	0	0	0	122	96	218

Briar Place
6800 Joliet Rd
Indian Head Park, IL. 60525

Classification Numbers

Facility ID	6001143	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lyons Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	202	6	0	2	0	218
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	202	6	0	2	0	218

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	2	0	0	0	2
Black	43	0	0	0	43
Hawaiian/Pacific Isl.	0	0	0	0	0
White	169	0	0	0	169
Race Unknown	0	0	0	0	0
Total	218	0	0	0	218

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	208	0	0	0	208
Ethnicity Unknown	3	0	0	0	3
Total	218	0	0	0	218

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	19.00
Certified Aides	18.00
Other Health Staff	13.00
Non-Health Staff	48.00
Totals	106.00

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
6.3%	87.4%	3.6%	1.2%	1.5%	100.0%		
671,593	9,317,440	385,382	128,041	160,686	10,663,142	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Briarbrook Place
228 Briarbrook Drive
East Peoria, IL. 61611

Reference Numbers

Facility ID	6013320	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Laura DePauw

Contact Person and Telephone
Christina Durbin
217-825-4267

Registered Agent Information
Lawrence Manson
20180 Governors Drive Suite 300
Olympia Fields, IL 60461

Date Questionnaire Completed 4/10/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	3
Total Discharges 2017	2
Residents on 12/31/2017	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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
TOTALS	12

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	12	4	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4612	79.0%	0	0	0	0	4612	79.0%	79.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4612	79.0%	0	0	0	0	4612	79.0%	79.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	5	0	0	6	5	11
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	7	5	0	0	7	5	12

Briarbrook Place
228 Briarbrook Drive
East Peoria, IL. 61611

Classification Numbers

Facility ID	6013320	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	7	0	7
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	0.00
Other Health Staff	7.00
Non-Health Staff	0.50
Totals	8.50

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%	85.5%	0.0%	0.0%	14.5%	100.0%		
0	529,245	0	0	90,032	619,277	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Bridgeview Health Care Center, Ltd.
8100 S. Harlem Avenue
Bridgeview, IL. 60455

Reference Numbers

Facility ID	6001168	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E`
County	031	Lyons Township

Administrator
Martha L. Peck

Contact Person and Telephone
Martha L. Peck
708-594-5440

Registered Agent Information
MS Registered Agent Services
191 N. Wacker Drive Suite1800
Chicago, IL 60606

Date Questionnaire Completed 7/6/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	126
Total Admissions 2017	127
Total Discharges 2017	134
Residents on 12/31/2017	119

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	26
Alzheimer Disease	0
Mental Illness	16
Developmental Disability	0
Circulatory System	34
Respiratory System	14
Digestive System	1
Genitourinary System Disorders	12
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	6
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	119

Total Residents Diagnosed as Mentally Ill 16

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	146	0	0	142	119	27	142	146
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	146	0	0	142	119	27	142	146

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4285	8.3%	34008	63.8%	0	36	8381	0	46710	87.7%	0.0%
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%
TOTALS	4285	8.3%	34008	63.8%	0	36	8381	0	46710	87.7%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	1	0	0	0	0	0	0	4	1	5
65 to 74	8	7	0	0	0	0	0	0	8	7	15
75 to 84	21	27	0	0	0	0	0	0	21	27	48
85+	7	43	0	0	0	0	0	0	7	43	50
TOTALS	40	79	0	0	0	0	0	0	40	79	119

Bridgeview Health Care Center, Ltd.
8100 S. Harlem Avenue
Bridgeview, IL. 60455

Classification Numbers

Facility ID	6001168	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E`
County	031	Lyons Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	68	0	0	38	0	119
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	68	0	0	38	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	22	0	0	0	22
Hawaiian/Pacific Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	11	0	0	0	11
Total	119	0	0	0	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	1	0	0	0	1
Total	119	0	0	0	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.80
LPN's	18.00
Certified Aides	45.50
Other Health Staff	19.40
Non-Health Staff	33.20
Totals	121.90

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
23.5%	56.2%	5.3%	0.1%	14.8%	100.0%		
2,405,713	5,743,378	544,713	14,630	1,510,360	10,218,794	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Bridgeway Senior Living
111 E Washington St
Bensenville, IL. 60181

Reference Numbers

Facility ID	6000353	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Addison Township

Administrator
Rebecca Marrs

Contact Person and Telephone
Rebecca Marrs
630-787-7010

Registered Agent Information
Stephen Sher
5750 Old Orchard Rd, Ste 420
Skokie, IL 60077

Date Questionnaire Completed 4/11/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	171
Total Admissions 2017	371
Total Discharges 2017	366
Residents on 12/31/2017	176

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	20
Endocrine/Metabolic	104
Blood Disorders	65
*Nervous System Non Alzheimer	55
Alzheimer Disease	12
Mental Illness	40
Developmental Disability	2
Circulatory System	297
Respiratory System	54
Digestive System	64
Genitourinary System Disorders	76
Skin Disorders	0
Musculo-skeletal Disorders	104
Injuries and Poisonings	17
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	910

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	226	203	190	203	176	50	226	226
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	226	203	190	203	176	50	226	226

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	246	0.3%	1558	1.9%	0	45	281	0	2130	2.6%	2.9%
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%
TOTALS	246	0.3%	1558	1.9%	0	45	281	0	2130	2.6%	2.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	14	16	0	0	0	0	0	0	14	16	30
75 to 84	18	31	0	0	0	0	0	0	18	31	49
85+	17	61	0	0	0	0	0	0	17	61	78
TOTALS	59	117	0	0	0	0	0	0	59	117	176

Bridgeway Senior Living
111 E Washington St
Bensenville, IL. 60181

Classification Numbers

Facility ID	6000353	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Addison Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	131	0	5	19	0	177
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	131	0	5	19	0	177

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	30	0	0	0	30
Hawaiian/Pacific Isl.	0	0	0	0	0
White	143	0	0	0	143
Race Unknown	0	0	0	0	0
Total	176	0	0	0	176

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	23	0	0	0	23
Non-Hispanic	153	0	0	0	153
Ethnicity Unknown	0	0	0	0	0
Total	176	0	0	0	176

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	26.00
Certified Aides	43.00
Other Health Staff	16.00
Non-Health Staff	29.00
Totals	137.00

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
30.4%	52.7%	0.0%	4.5%	12.5%	100.0%		
4,962,581	8,614,956	0	728,676	2,039,478	16,345,691	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

4/15/2016 Added 4 Nursing Care beds; facility now has 226 Nursing Care beds.

Broadway Terrace
43 Broadway St
Chicago Heights, IL. 60411

Reference Numbers

Facility ID	6012959	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

Administrator
Kristin Low

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	11
Total Admissions 2017	4
Total Discharges 2017	2
Residents on 12/31/2017	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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
TOTALS	13

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	13	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	13	16	13	3	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4897	83.9%	0	0	0	0	4897	83.9%	83.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4897	83.9%	0	0	0	0	4897	83.9%	83.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	0	0	0	4	0	4
45 to 59	0	0	0	0	5	0	0	0	5	0	5
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	11	2	0	0	11	2	13

Broadway Terrace
43 Broadway St
Chicago Heights, IL. 60411

Classification Numbers

Facility ID	6012959	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	13	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	0	13	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	8	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	75.6%	2.9%	0.0%	21.4%	100.0%		
0	470,208	18,225	0	133,328	621,761	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BROOKDALE BURR RIDGE
6801 HIGHGROVE BOULEVARD
Burr Ridge, IL. 60527

Reference Numbers

Facility ID	6016216	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Downers Grove Township

Administrator
Carole Considine

Contact Person and Telephone
Lisa Subaric
630-920-2900

Registered Agent Information

Date Questionnaire Completed 4/3/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	98
Total Admissions 2017	259
Total Discharges 2017	236
Residents on 12/31/2017	121

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	3
Blood Disorders	8
*Nervous System Non Alzheimer	5
Alzheimer Disease	32
Mental Illness	0
Developmental Disability	0
Circulatory System	35
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	15
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	121

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	29	0	0	0	26	3	29	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	113	0	0	0	95	18		
TOTAL BEDS	142	0	0	0	121	21	29	0

FACILITY UTILIZATION - 2017
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3235	30.6%	0	0.0%	0	597	4332	0	8164	77.1%	0.0%
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	36807	0	36807	89.2%	0.0%
TOTALS	3235	30.6%	0	0.0%	0	597	41139	0	44971	86.8%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	1	0	1	1
65 to 74	2	2	0	0	0	0	2	5	4	7	11
75 to 84	2	5	0	0	0	0	9	16	11	21	32
85+	1	14	0	0	0	0	30	32	31	46	77
TOTALS	5	21	0	0	0	0	41	54	46	75	121

BROOKDALE BURR RIDGE
6801 HIGHGROVE BOULEVARD
Burr Ridge, IL. 60527

Classification Numbers

Facility ID	6016216	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Downers Grove Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	0	0	0	13	0	26
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	95	0	95
TOTALS	13	0	0	0	108	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	2	4
Hawaiian/Pacific Isl.	0	0	0	2	2
White	23	0	0	90	113
Race Unknown	0	0	0	0	0
Total	25	0	0	94	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	1	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	1	0	0	1	2

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	11.00
Certified Aides	14.00
Other Health Staff	16.00
Non-Health Staff	102.00
Totals	154.00

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
21.2%	0.0%	0.0%	2.8%	76.0%	100.0%		
1,803,855	0	0	234,683	6,464,875	8,503,413	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

12/16/2016 Facility discontinued 1 Nursing Care bed and 7 Sheltered Care beds. Facility now has 29 Nursing Care beds and 113 Sheltered Care beds.

Brookdale Plaza Lisle
1800 Robin Lane
Lisle, IL. 60532

Reference Numbers

Facility ID	6014955	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Lisle Township

Administrator
Linda Pyfer

Contact Person and Telephone
Linda Pyfer
630-810-0500

Registered Agent Information

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	69
Total Admissions 2017	316
Total Discharges 2017	332
Residents on 12/31/2017	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	3
Blood Disorders	3
*Nervous System Non Alzheimer	1
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	55	55	55	55	53	2	55	0
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	55	55	55	55	53	2	55	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5937	29.6%	0	0.0%	0	2051	15488	0	23476	116.9%	116.9%
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%
TOTALS	5937	29.6%	0	0.0%	0	2051	15488	0	23476	116.9%	116.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	6	10	0	0	0	0	2	0	8	10	18
85+	5	8	0	0	0	0	2	17	7	25	32
TOTALS	11	21	0	0	0	0	4	17	15	38	53

Brookdale Plaza Lisle
1800 Robin Lane
Lisle, IL. 60532

Classification Numbers

Facility ID	6014955	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Lisle Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	0	0	3	17	0	32
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	21	0	21
TOTALS	12	0	0	3	38	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	31	0	0	21	52
Race Unknown	0	0	0	0	0
Total	32	0	0	21	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	31	0	0	21	52
Ethnicity Unknown	0	0	0	0	0
Total	32	0	0	21	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	10.00
Certified Aides	30.00
Other Health Staff	16.00
Non-Health Staff	28.00
Totals	99.00

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
31.0%	0.0%	0.0%	5.0%	64.0%	100.0%		
2,108,784	0	0	340,126	4,353,619	6,802,529	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Brookdale Prospect Heights
700 E. Euclid Ave.
Prospect Heights , IL. 60070

Reference Numbers

Facility ID	6014328	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Wheeling Township

Administrator
Vicki Munoz

Contact Person and Telephone
Katerina Kasha
847-797-2700

Registered Agent Information

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	87
Total Admissions 2017	262
Total Discharges 2017	240
Residents on 12/31/2017	109

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	18
Mental Illness	22
Developmental Disability	0
Circulatory System	23
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	109

Total Residents Diagnosed as Mentally Ill 82

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	30	30	30	30	26	4	30	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	121	0	0	121	83	38		
TOTAL BEDS	151	30	30	151	109	42	30	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2876	26.3%	0	0.0%	0	0	3992	0	6868	62.7%	62.7%
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	28215	0	28215	63.9%	0.0%
TOTALS	2876	26.3%	0	0.0%	0	0	32207	0	35083	63.7%	320.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	1	0	1	0	1
65 to 74	0	0	0	0	0	0	3	2	3	2	5
75 to 84	0	3	0	0	0	0	2	8	2	11	13
85+	6	17	0	0	0	0	10	57	16	74	90
TOTALS	6	20	0	0	0	0	16	67	22	87	109

Brookdale Prospect Heights
700 E. Euclid Ave.
Prospect Heights , IL. 60070

Classification Numbers

Facility ID	6014328	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Wheeling Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	0	0	0	13	0	26
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	83	0	83
TOTALS	13	0	0	0	96	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	26	0	0	83	109
Race Unknown	0	0	0	0	0
Total	26	0	0	83	109

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	26	0	0	83	109
Ethnicity Unknown	0	0	0	0	0
Total	26	0	0	83	109

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	17.00
Certified Aides	18.00
Other Health Staff	51.00
Non-Health Staff	33.00
Totals	137.00

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
47.9%	0.0%	0.0%	0.0%	52.1%	100.0%		
9,180,717	0	0	0	9,990,421	19,171,138	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BROTHER JAMES COURT
2508 ST JAMES ROAD
Springfield, IL. 62707

Reference Numbers

Facility ID	6001226	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Sonia Bartels

Contact Person and Telephone
Sharon Robson
217-747-5904

Registered Agent Information
William Sheehan
1215 South 4th
Springfield, IL 62707

Date Questionnaire Completed 3/1/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	95
Total Admissions 2017	11
Total Discharges 2017	15
Residents on 12/31/2017	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	91
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
TOTALS	91

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	99	98	97	98	91	8		99
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	98	97	98	91	8	0	99

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			34185	94.6%	0	0	365	0	34550	95.6%	96.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	34185	94.6%	0	0	365	0	34550	95.6%	96.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	23	0	0	0	23	0	23
45 to 59	0	0	0	0	30	0	0	0	30	0	30
60 to 64	0	0	0	0	19	0	0	0	19	0	19
65 to 74	0	0	0	0	17	0	0	0	17	0	17
75 to 84	0	0	0	0	2	0	0	0	2	0	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	91	0	0	0	91	0	91

BROTHER JAMES COURT
2508 ST JAMES ROAD
Springfield, IL. 62707

Classification Numbers

Facility ID	6001226	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		91	0	0	0	0	91
Sheltered Care			0	0	0	0	0
TOTALS	0	91	0	0	0	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	86	0	86
Race Unknown	0	0	0	0	0
Total	0	0	91	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	91	0	91
Ethnicity Unknown	0	0	0	0	0
Total	0	0	91	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.67
LPN's	13.33
Certified Aides	43.91
Other Health Staff	10.33
Non-Health Staff	32.13
Totals	104.37

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
0.0%	98.9%	0.0%	0.0%	1.1%	100.0%		
0	4,105,668	0	0	46,355	4,152,023	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Bryan Manor
2150 East McCord - PO Box 568
Centralia, IL. 62801

Reference Numbers

Facility ID	6001234	
Health Service Area	005	
Planning Service Area	121	Marion
County	121	Marion County

Administrator
Georgia Miller

Contact Person and Telephone
Carolyn Harper
618-918-3770

Registered Agent Information

Date Questionnaire Completed 4/11/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	99
Total Admissions 2017	13
Total Discharges 2017	14
Residents on 12/31/2017	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	98
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
TOTALS	98

Total Residents Diagnosed as Mentally Ill 37

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	100	100	99	100	98	2		93
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	99	100	98	2	0	93

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			32452	95.6%	0	0	0	0	32452	88.9%	88.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	32452	95.6%	0	0	0	0	32452	88.9%	88.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	13	5	0	0	13	5	18
45 to 59	0	0	0	0	14	16	0	0	14	16	30
60 to 64	0	0	0	0	9	10	0	0	9	10	19
65 to 74	0	0	0	0	16	8	0	0	16	8	24
75 to 84	0	0	0	0	4	2	0	0	4	2	6
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	57	41	0	0	57	41	98

Bryan Manor
2150 East McCord - PO Box 568
Centralia, IL. 62801

Classification Numbers

Facility ID	6001234	
Health Service Area	005	
Planning Service Area	121	Marion
County	121	Marion County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		98	0	0	0	0	98
Sheltered Care			0	0	0	0	0
TOTALS	0	98	0	0	0	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	22	0	22
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	76	0	76
Race Unknown	0	0	0	0	0
Total	0	0	98	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	97	0	97
Ethnicity Unknown	0	0	0	0	0
Total	0	0	98	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	9.00
Certified Aides	107.00
Other Health Staff	7.00
Non-Health Staff	36.00
Totals	164.00

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
0.0%	90.6%	8.2%	0.0%	1.2%	100.0%		
0	8,690,251	785,212	0	113,781	9,589,244	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BT Bourbonnais Care aka Bourbonnais Terrace
133 Mohawk Drive
Bourbonnais , IL. 60914

Reference Numbers

Facility ID	6001069	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Debra Wood

Contact Person and Telephone
Debra Wood
815-937-4790

Registered Agent Information
Thomas Hein
1 S 443 Summitt Avenue Suite 204
Oak Brook Terrace, IL 60181

Date Questionnaire Completed 3/9/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	128
Total Admissions 2017	63
Total Discharges 2017	52
Residents on 12/31/2017	139

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	139
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
TOTALS	139

Total Residents Diagnosed as Mentally Ill 139

Total Residents Reported as Identified Offenders 18

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	197	197	197	197	139	58	0	197
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	197	197	197	197	139	58	0	197

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	135	0.2%	0	0	4	0	139	0.2%	0.2%
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%
TOTALS	0	0.0%	135	0.2%	0	0	4	0	139	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	24	5	0	0	0	0	0	0	24	5	29
45 to 59	32	18	0	0	0	0	0	0	32	18	50
60 to 64	12	15	0	0	0	0	0	0	12	15	27
65 to 74	15	13	0	0	0	0	0	0	15	13	28
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	86	56	0	0	0	0	0	0	86	56	142

BT Bourbonnais Care aka Bourbonnais Terrace
133 Mohawk Drive
Bourbonnais , IL. 60914

Classification Numbers

Facility ID	6001069	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	135	0	0	4	0	139
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	135	0	0	4	0	139

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	39	0	0	0	39
Hawaiian/Pacific Isl.	1	0	0	0	1
White	99	0	0	0	99
Race Unknown	0	0	0	0	0
Total	139	0	0	0	139

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	137	0	0	0	137
Total	139	0	0	0	139

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	11.00
Certified Aides	33.00
Other Health Staff	7.00
Non-Health Staff	38.00
Totals	97.00

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
0.0%	96.1%	0.0%	0.0%	3.9%	100.0%		
0	4,649,376	0	0	187,670	4,837,046	981	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Buckingham Pavilion
2625 W. Touhy Ave
Chicago, IL. 60645

Reference Numbers

Facility ID	6001242	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Eric Stern

Contact Person and Telephone
Steven Gross
773-973-5333

Registered Agent Information
Arnold Weinberg
8477 Solution Center
Chicago, IL 60677

Date Questionnaire Completed 4/11/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	98
Total Admissions 2017	49
Total Discharges 2017	46
Residents on 12/31/2017	101

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	62
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	101

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	247	235	105	235	101	146	235	235
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	247	235	105	235	101	146	235	235

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1652	1.9%	23716	27.6%	0	0	10890	0	36258	40.2%	42.3%
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%
TOTALS	1652	1.9%	23716	27.6%	0	0	10890	0	36258	40.2%	42.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	11	17	0	0	0	0	0	0	11	17	28
85+	14	47	0	0	0	0	0	0	14	47	61
TOTALS	31	70	0	0	0	0	0	0	31	70	101

Buckingham Pavilion
2625 W. Touhy Ave
Chicago, IL. 60645

Classification Numbers

Facility ID	6001242	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	63	0	0	33	0	101
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	63	0	0	33	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	3	0	0	0	3
Total	101	0	0	0	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	5.00
Certified Aides	33.00
Other Health Staff	3.00
Non-Health Staff	34.00
Totals	90.00

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
13.2%	43.3%	0.7%	0.0%	42.8%	100.0%		
851,321	2,802,365	45,850	0	2,773,126	6,472,662	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BURGESS SQUARE
5801 SOUTH CASS AVE
Westmont, IL. 60559

Reference Numbers

Facility ID	6001259	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Downers Grove Township

Administrator
Kristin Thrun

Contact Person and Telephone
KJ Petersen
630-971-2645

Registered Agent Information

Date Questionnaire Completed 4/13/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	131
Total Admissions 2017	1,150
Total Discharges 2017	1,162
Residents on 12/31/2017	119

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	23
Respiratory System	18
Digestive System	6
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	12
Injuries and Poisonings	21
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	119

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	203	143	190	119	84	203	24
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	203	203	143	190	119	84	203	24

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	16526	22.3%	7810	89.2%	0	7386	13496	0	45218	61.0%	61.0%
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%
TOTALS	16526	22.3%	7810	89.2%	0	7386	13496	0	45218	61.0%	61.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	2	0	0	0	0	0	0	0	2	2
65 to 74	7	12	0	0	0	0	0	0	7	12	19
75 to 84	14	22	0	0	0	0	0	0	14	22	36
85+	21	39	0	0	0	0	0	0	21	39	60
TOTALS	43	76	0	0	0	0	0	0	43	76	119

BURGESS SQUARE
5801 SOUTH CASS AVE
Westmont, IL. 60559

Classification Numbers

Facility ID	6001259	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Downers Grove Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	43	19	0	22	35	0	119
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	43	19	0	22	35	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	0	0	0	0	0
Total	119	0	0	0	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	118	0	0	0	118
Ethnicity Unknown	0	0	0	0	0
Total	119	0	0	0	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	38.00
LPN's	18.00
Certified Aides	58.00
Other Health Staff	44.00
Non-Health Staff	71.00
Totals	232.00

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
59.7%	1.3%	0.0%	17.6%	21.3%	100.0%		
10,867,503	237,592	0	3,200,721	3,883,172	18,188,988	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Burnham house
545 Burnham
University Park, IL. 60466

Reference Numbers

Facility ID	6014542	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Becky Omonode

Contact Person and Telephone
Sherry Newton
217-398-0754 ext13

Registered Agent Information
Dave Krchak
30 E main St
Champaign, IL 61821

Date Questionnaire Completed 4/13/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	1
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	0	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	0	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5647	96.7%		0	0	0			
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5647	96.7%		0	0	0		0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	3	0	0	2	3	5
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	2	2	0	0	2	2	4
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	8	7	0	0	8	7	15

Burnham house
545 Burnham
University Park, IL. 60466

Classification Numbers

Facility ID	6014542	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	13.00

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
0.0%	87.9%	12.1%	0.0%	0.0%	100.0%		
0	782,138	107,194	2	0	889,334	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Burnsides Community Health Center
410 North Second Street
Marshall, IL. 62441

Reference Numbers

Facility ID	6001291	
Health Service Area	004	
Planning Service Area	023	Clark
County	023	Clark County

Administrator
Karen Dowell

Contact Person and Telephone
Karen Dowell
217-826-2358

Registered Agent Information
Stephen Arney
410 N. Second St; PO Box 127
Marshall, IL 62441

Date Questionnaire Completed 4/9/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	59
Total Admissions 2017	85
Total Discharges 2017	91
Residents on 12/31/2017	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	75	67	65	67	53	22	95	95
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	75	67	65	67	53	22	95	95

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2230	6.4%	9398	27.1%	0	0	9371	0	20999	76.7%	85.9%
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%
TOTALS	2230	6.4%	9398	27.1%	0	0	9371	0	20999	76.7%	85.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	5	9	0	0	0	0	0	0	5	9	14
85+	8	29	0	0	0	0	0	0	8	29	37
TOTALS	14	39	0	0	0	0	0	0	14	39	53

Burnsides Community Health Center
410 North Second Street
Marshall, IL. 62441

Classification Numbers

Facility ID	6001291	
Health Service Area	004	
Planning Service Area	023	Clark
County	023	Clark County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	24	0	0	25	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	24	0	0	25	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.25
LPN's	7.50
Certified Aides	17.50
Other Health Staff	3.00
Non-Health Staff	23.50
Totals	60.75

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
19.1%	33.6%	0.0%	0.0%	47.3%	100.0%		
803,741	1,410,397	0	0	1,988,191	4,202,329	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Calhoun Nursing and Rehabilitation Center
1 Myrtle Lane
Hardin, IL. 62047

Reference Numbers

Facility ID	6014674	
Health Service Area	003	
Planning Service Area	013	Calhoun/Pike
County	013	Calhoun County

Administrator
Barb Ledder

Contact Person and Telephone
Valerie M Gaydosh
716-972-2512

Registered Agent Information
United Corporate Services Inc
901 S 2nd Street Ste 201
Springfield, IL 62704

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	73
Total Admissions 2017	69
Total Discharges 2017	76
Residents on 12/31/2017	66

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	22
Mental Illness	8
Developmental Disability	0
Circulatory System	17
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	66

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	80	77	80	66	14	80	80
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	80	80	77	80	66	14	80	80

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2553	8.7%	14153	48.5%	82	859	8679	0	26326	90.2%	90.2%
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%
TOTALS	2553	8.7%	14153	48.5%	82	859	8679	0	26326	90.2%	90.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	0	1	1
65 to 74	5	1	0	0	0	0	0	0	5	1	6
75 to 84	6	13	0	0	0	0	0	0	6	13	19
85+	7	30	0	0	0	0	0	0	7	30	37
TOTALS	20	46	0	0	0	0	0	0	20	46	66

Calhoun Nursing and Rehabilitation Center
1 Myrtle Lane
Hardin, IL. 62047

Classification Numbers

Facility ID	6014674	
Health Service Area	003	
Planning Service Area	013	Calhoun/Pike
County	013	Calhoun County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	33	0	2	23	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	33	0	2	23	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	0	66

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.14
LPN's	10.22
Certified Aides	23.89
Other Health Staff	24.61
Non-Health Staff	0.00
Totals	68.85

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
28.1%	39.0%	0.2%	6.4%	26.3%	100.0%		
1,324,766	1,837,703	10,468	304,181	1,240,930	4,718,048	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

California Gardens Nursing & Rehabilitation Cente
2829 S. California Blvd
Chicago, IL. 60608

Reference Numbers

Facility ID	6001333	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 30 - South Lawndale

Administrator
Martin Lee

Contact Person and Telephone
Martin Lee
773-847-8061

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/5/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	275
Total Admissions 2017	185
Total Discharges 2017	182
Residents on 12/31/2017	278

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	27
Blood Disorders	17
*Nervous System Non Alzheimer	22
Alzheimer Disease	0
Mental Illness	63
Developmental Disability	3
Circulatory System	23
Respiratory System	33
Digestive System	16
Genitourinary System Disorders	17
Skin Disorders	12
Musculo-skeletal Disorders	15
Injuries and Poisonings	10
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	278

Total Residents Diagnosed as Mentally Ill 63

Total Residents Reported as Identified Offenders 44

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	297	293	288	293	278	19	297	297
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	297	293	288	293	278	19	297	297

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1832	1.7%	61205	56.5%	3563	33045	583	0	100228	92.5%	93.7%
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%
TOTALS	1832	1.7%	61205	56.5%	3563	33045	583	0	100228	92.5%	93.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	17	7	0	0	0	0	0	0	17	7	24
45 to 59	103	21	0	0	0	0	0	0	103	21	124
60 to 64	26	7	0	0	0	0	0	0	26	7	33
65 to 74	40	27	0	0	0	0	0	0	40	27	67
75 to 84	11	9	0	0	0	0	0	0	11	9	20
85+	4	6	0	0	0	0	0	0	4	6	10
TOTALS	201	77	0	0	0	0	0	0	201	77	278

California Gardens Nursing & Rehabilitation Cente
2829 S. California Blvd
Chicago, IL. 60608

Classification Numbers

Facility ID	6001333	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 30 - South Lawndale

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	269	0	2	1	0	278
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	269	0	2	1	0	278

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	158	0	0	0	158
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	53	0	0	0	53
Total	278	0	0	0	278

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	46	0	0	0	46
Non-Hispanic	232	0	0	0	232
Ethnicity Unknown	0	0	0	0	0
Total	278	0	0	0	278

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	42.00
Certified Aides	75.00
Other Health Staff	12.00
Non-Health Staff	31.00
Totals	167.00

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
10.7%	62.1%	3.0%	23.1%	1.1%	100.0%		
1,876,879	10,929,326	519,319	4,070,845	199,513	17,595,882	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Calumet City Terrace
1380 River Dr
Calumet City, IL. 60409

Reference Numbers

Facility ID	6014005	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

Administrator
Angela Noland

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	6
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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
TOTALS	6

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	1	0	0	0	1	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	2	3	0	0	2	3	5
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
TOTALS	0	0	0	0	2	4	0	0	2	4	6

Calumet City Terrace
1380 River Dr
Calumet City, IL. 60409

Classification Numbers

Facility ID	6014005	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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
0.0%	83.3%	1.5%	0.0%	15.3%	100.0%		
0	359,711	6,339	0	65,895	431,945	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CAMBRIDGE NURSING & REHAB CENTER
9615 N KNOX AVE
Skokie, IL. 60076

Reference Numbers

Facility ID	6008635	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

Administrator
MARGARET O BRIEN

Contact Person and Telephone
MARK APPEL
847-679-4161

Registered Agent Information
MARK APPEL
9615 N KNOX AVE
Skokie, IL 60076

Date Questionnaire Completed 4/17/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	92
Total Admissions 2017	48
Total Discharges 2017	50
Residents on 12/31/2017	90

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	13
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	51
Non-Medical Conditions	0
TOTALS	90

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	113	108	94	108	90	23	113	113
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	113	108	94	108	90	23	113	113

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1868	4.5%	24683	59.8%	3112	0	3497	0	33160	80.4%	84.1%
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%
TOTALS	1868	4.5%	24683	59.8%	3112	0	3497	0	33160	80.4%	84.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	8	2	0	0	0	0	0	0	8	2	10
65 to 74	20	11	0	0	0	0	0	0	20	11	31
75 to 84	11	13	0	0	0	0	0	0	11	13	24
85+	6	15	0	0	0	0	0	0	6	15	21
TOTALS		43	0	0	0	0	0	0		43	

CAMBRIDGE NURSING & REHAB CENTER
9615 N KNOX AVE
Skokie, IL. 60076

Classification Numbers

Facility ID	6008635	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	68	8	0	9	0	90
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	68	8	0	9	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	5	0	0	0	5
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	90	0	0	0	90

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	90	0	0	0	90

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	3.00
Certified Aides	40.00
Other Health Staff	0.00
Non-Health Staff	41.00
Totals	107.00

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
15.8%	65.4%	9.1%	0.0%	9.8%	100.0%		
1,113,257	4,606,771	639,952	0	688,349	7,048,329	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Campbell Court
426 E. Douglas
Jacksonville, IL. 62650

Reference Numbers

Facility ID	6013791	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	137	Morgan County

Administrator
James Haney

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	3
Total Admissions 2017	1
Total Discharges 2017	0
Residents on 12/31/2017	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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
TOTALS	4

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1182	81.0%	0	0	0	0	1182	81.0%	81.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1182	81.0%	0	0	0	0	1182	81.0%	81.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	2	0	0	0	2	0	2
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
TOTALS	0	0	0	0	2	2	0	0	2	2	4

Campbell Court
426 E. Douglas
Jacksonville, IL. 62650

Classification Numbers

Facility ID	6013791	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	137	Morgan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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
0.0%	91.2%	3.9%	0.0%	4.9%	100.0%		
0	252,411	10,694	0	13,638	276,743	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Canterbury Place
2503 Canterbury Lane
Rockford, IL. 61101

Reference Numbers

Facility ID	6013866	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Billie Callahan

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	4
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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
TOTALS	4

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1460	######	0	0	0	0	1460	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	######	0	0	0	0	1460	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	0	0	0	3	0	3
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	4	0	0	0	4	0	4

Canterbury Place
2503 Canterbury Lane
Rockford, IL. 61101

Classification Numbers

Facility ID	6013866	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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
0.0%	91.9%	0.0%	0.0%	8.1%	100.0%		
0	291,770	0	0	25,790	317,560	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Carlinville Estates
1221 S Plum
Carlinville, IL. 62626

Reference Numbers

Facility ID	6012132	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

Administrator
Nicki Palmer

Contact Person and Telephone
Georgia Green
217-854-9443

Registered Agent Information
Richard Grader
636 W. Imboden
Decatur, IL 62521

Date Questionnaire Completed 3/5/2018

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	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	3
Total Discharges 2017	2
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5748	98.4%	0	0	0	0	5748	98.4%	98.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5748	98.4%	0	0	0	0	5748	98.4%	98.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	3	6	0	0	3	6	9
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Carlinville Estates
1221 S Plum
Carlinville, IL. 62626

Classification Numbers

Facility ID	6012132	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	0.00
Other Health Staff	14.00
Non-Health Staff	0.00
Totals	14.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	634,723	0	0	0	634,723	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Carlinville Rehabilitation and Health Care Center
751 North Oak Street
Carlinville, IL. 62626

Reference Numbers

Facility ID	6009336	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

Administrator
Alisha Heyen

Contact Person and Telephone
Alisha Heyen
217-854-2511

Registered Agent Information

Date Questionnaire Completed 4/6/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	62
Total Admissions 2017	52
Total Discharges 2017	55
Residents on 12/31/2017	59

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	4
Mental Illness	11
Developmental Disability	0
Circulatory System	18
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	59

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	94	70	94	59	39	98	98
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	98	94	70	94	59	39	98	98

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2452	6.9%	16698	46.7%	0	428	3191	0	22769	63.7%	66.4%
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%
TOTALS	2452	6.9%	16698	46.7%	0	428	3191	0	22769	63.7%	66.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	0	0	0	0	0	0	2	4	6
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	3	9	0	0	0	0	0	0	3	9	12
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	3	17	0	0	0	0	0	0	3	17	20
TOTALS	17	42	0	0	0	0	0	0	17	42	59

Carlinville Rehabilitation and Health Care Center
751 North Oak Street
Carlinville, IL. 62626

Classification Numbers

Facility ID	6009336	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	44	0	2	9	0	59
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	44	0	2	9	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.60
LPN's	10.34
Certified Aides	21.53
Other Health Staff	2.30
Non-Health Staff	5.60
Totals	44.37

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
28.3%	55.6%	0.0%	4.2%	11.9%	100.0%		
1,126,695	2,211,357	0	167,898	474,245	3,980,195	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Carlyle Healthcare Center, Inc.
501 Clinton Street
Carlyle, IL. 62231

Reference Numbers

Facility ID	6001473	
Health Service Area	011	
Planning Service Area	027	Clinton
County	027	Clinton County

Administrator
Gina Higgins

Contact Person and Telephone
Christopher A. Reis
217-228-1950

Registered Agent Information
Giffin Winning Cohen & Bodewes: ATN H
1 West Old State Capitol Plaza #600
Springfield, IL 62701

Date Questionnaire Completed 3/21/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	91
Total Admissions 2017	83
Total Discharges 2017	89
Residents on 12/31/2017	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	6
Mental Illness	10
Developmental Disability	0
Circulatory System	22
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	6
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	109	109	100	85	85	24	70	108
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	109	109	100	85	85	24	70	108

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3420	13.4%	14315	36.3%	0	0	12496	0	30231	76.0%	76.0%
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%
TOTALS	3420	13.4%	14315	36.3%	0	0	12496	0	30231	76.0%	76.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	5	2	0	0	0	0	0	0	5	2	7
75 to 84	8	20	0	0	0	0	0	0	8	20	28
85+	11	34	0	0	0	0	0	0	11	34	45
TOTALS	28	57	0	0	0	0	0	0	28	57	85

Carlyle Healthcare Center, Inc.
501 Clinton Street
Carlyle, IL. 62231

Classification Numbers

Facility ID	6001473	
Health Service Area	011	
Planning Service Area	027	Clinton
County	027	Clinton County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	40	0	0	36	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	40	0	0	36	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	6	0	0	0	6
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	6	0	0	0	6
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	5.93
LPN's	20.90
Certified Aides	44.76
Other Health Staff	1.87
Non-Health Staff	35.99
Totals	111.55

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
27.9%	32.0%	0.0%	0.0%	40.1%	100.0%		
1,961,647	2,250,612	0	0	2,816,239	7,028,498	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Carmi Manor Rehabilitation & Nursing Ctr
615 W Webb Street
Carmi, IL. 62821

Reference Numbers

Facility ID	6016539	
Health Service Area	005	
Planning Service Area	193	White
County	193	White County

Administrator
James Mcgill

Contact Person and Telephone
chaim millman
845-414-3300

Registered Agent Information
Chaim Millman
615 W Webb Street
Carmi, IL 62821

Date Questionnaire Completed 2/26/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	57
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	1
Mental Illness	9
Developmental Disability	0
Circulatory System	10
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	74	74	73	74	57	17	74	74
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	74	74	73	74	57	17	74	74

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3335	12.3%	16885	62.5%	0	92	2862	0	23174	85.8%	85.8%
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%
TOTALS	3335	12.3%	16885	62.5%	0	92	2862	0	23174	85.8%	85.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	8	6	0	0	0	0	0	0	8	6	14
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	9	4	0	0	0	0	0	0	9	4	13
75 to 84	5	8	0	0	0	0	0	0	5	8	13
85+	2	8	0	0	0	0	0	0	2	8	10
TOTALS	29	28	0	0	0	0	0	0	29	28	57

Carmi Manor Rehabilitation & Nursing Ctr
615 W Webb Street
Carmi, IL. 62821

Classification Numbers

Facility ID	6016539	
Health Service Area	005	
Planning Service Area	193	White
County	193	White County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	44	0	0	4	0	57
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	44	0	0	4	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.92
LPN's	7.36
Certified Aides	20.13
Other Health Staff	3.87
Non-Health Staff	13.94
Totals	52.22

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
41.3%	46.5%	0.0%	4.8%	7.4%	100.0%		
1,914,079	2,152,931	0	220,525	344,001	4,631,536	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Carole Lane Terrace
1641 Carol Lane
Sauk Village, IL. 60467

Reference Numbers

Facility ID	6011969	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

Administrator
Terra Tarjan

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	3
Total Discharges 2017	5
Residents on 12/31/2017	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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
TOTALS	14

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	14	2	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5560	95.2%	0	0	0	0	5560	95.2%	95.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5560	95.2%	0	0	0	0	5560	95.2%	95.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	4	0	0	6	4	10
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	8	6	0	0	8	6	14

Carole Lane Terrace
1641 Carol Lane
Sauk Village, IL. 60467

Classification Numbers

Facility ID	6011969	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	7	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	80.9%	2.1%	0.0%	17.1%	100.0%		
0	493,766	12,641	0	104,274	610,681	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Carr Home
6300 N. Ridge Avenue
Chicago, IL. 60660

Reference Numbers

Facility ID	6016836	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Megan Polydoris

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Avenue
Chicago, IL 60660

Date Questionnaire Completed 3/27/2018

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	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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	15	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5321	#Div/0!	0	0	0	0	5321	97.2%	97.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5321	0.0%	0	0	0	0	5321	97.2%	97.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	1	0	0	0	1	1
45 to 59	0	0	0	0	0	9	0	0	0	9	9
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	5	0	0	0	5	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
TOTALS	0	0	0	0	0	15	0	0	0	15	15

Carr Home
6300 N. Ridge Avenue
Chicago, IL. 60660

Classification Numbers

Facility ID	6016836	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.36
Physicians	0.09
Director of Nursing	0.25
Registered Nurses	0.71
LPN's	0.75
Certified Aides	16.20
Other Health Staff	3.47
Non-Health Staff	6.24
Totals	28.07

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
0.0%	82.5%	0.0%	0.0%	17.5%	100.0%		
0	840,146	0	0	177,737	1,017,883	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CARRIER MILLS NURSING & REHAB CENTER
6789 US RT 45 P.O. BOX 68
Carrier Mills, IL. 62917

Reference Numbers

Facility ID	6001507	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline
County	165	Saline County

Administrator
CHRISTY BARTER

Contact Person and Telephone
CHRISTY BARTER
618-994-2323

Registered Agent Information
SCOTT STOUT
105 SOUTH COMMERCIAL ST SUITE A
Harrisburg, IL 62946

Date Questionnaire Completed 3/27/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	96
Total Admissions 2017	90
Total Discharges 2017	95
Residents on 12/31/2017	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	11
Endocrine/Metabolic	31
Blood Disorders	8
*Nervous System Non Alzheimer	2
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	99	99	91	8	99	99
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	99	99	99	99	91	8	99	99

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2423	6.7%	15718	43.5%	3907	0	5100	0	27148	75.1%	75.1%
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%
TOTALS	2423	6.7%	15718	43.5%	3907	0	5100	0	27148	75.1%	75.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	3	2	5
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	7	27	0	0	0	0	0	0	7	27	34
85+	9	24	0	0	0	0	0	0	9	24	33
TOTALS	27	64	0	0	0	0	0	0	27	64	91

CARRIER MILLS NURSING & REHAB CENTER
6789 US RT 45 P.O. BOX 68
Carrier Mills, IL. 62917

Classification Numbers

Facility ID	6001507	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline
County	165	Saline County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	54	13	0	15	0	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	54	13	0	15	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	91	0	0	0	91
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	13.00
Certified Aides	37.00
Other Health Staff	6.00
Non-Health Staff	54.00
Totals	117.00

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
25.4%	45.6%	13.7%	0.0%	15.2%	100.0%		
1,176,861	2,117,648	637,214	0	707,245	4,638,968	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Carthage Terrace
1205 Center Street
Carthage, IL. 62321

Reference Numbers

Facility ID	6012280	
Health Service Area	003	
Planning Service Area	067	Hancock
County	067	Hancock County

Administrator
Michelle Smith

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	0
Total Discharges 2017	1
Residents on 12/31/2017	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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
TOTALS	14

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	14	2	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5262	90.1%	0	0	0	0	5262	90.1%	90.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5262	90.1%	0	0	0	0	5262	90.1%	90.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	3	1	0	0	3	1	4
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	2	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
TOTALS	0	0	0	0	7	7	0	0	7	7	14

Carthage Terrace
1205 Center Street
Carthage, IL. 62321

Classification Numbers

Facility ID	6012280	
Health Service Area	003	
Planning Service Area	067	Hancock
County	067	Hancock County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	78.3%	1.4%	0.0%	20.3%	100.0%		
0	486,135	8,749	0	126,062	620,946	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Casa Willis
910 Woodburn Avenue
Sterling, IL. 61081

Reference Numbers

Facility ID	6011902	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

Administrator
Stacy Egli

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	2
Total Discharges 2017	3
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5372	92.0%	0	0	0	0	5372	92.0%	92.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5372	92.0%	0	0	0	0	5372	92.0%	92.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	0	3	0	0	0	3	3
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	8	7	0	0	8	7	15

Casa Willis
910 Woodburn Avenue
Sterling, IL. 61081

Classification Numbers

Facility ID	6011902	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	76.6%	2.3%	0.0%	21.1%	100.0%		
0	561,736	16,829	0	154,542	733,107	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Casey Health Care
100 N. E. 15th St.
Casey, IL. 62420

Reference Numbers

Facility ID	6000970	
Health Service Area	004	
Planning Service Area	023	Clark
County	023	Clark County

Administrator
Kelly Clark

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/20/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	51
Total Admissions 2017	74
Total Discharges 2017	67
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	5
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	16
Developmental Disability	17
Circulatory System	2
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	58

Total Residents Diagnosed as Mentally Ill 17

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	69	69	62	69	58	11	0	69
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	69	69	62	69	58	11	0	69

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1703	0.0%	13011	51.7%	0	95	5674	0	20483	81.3%	81.3%
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%
TOTALS	1703	0.0%	13011	51.7%	0	95	5674	0	20483	81.3%	81.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	3	3	6
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	7	12	0	0	0	0	0	0	7	12	19
85+	6	12	0	0	0	0	0	0	6	12	18
TOTALS	22	36	0	0	0	0	0	0	22	36	58

Casey Health Care
100 N. E. 15th St.
Casey, IL. 62420

Classification Numbers

Facility ID	6000970	
Health Service Area	004	
Planning Service Area	023	Clark
County	023	Clark County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	34	0	1	18	0	58
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	34	0	1	18	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	57	0	0	0	57
Total	58	0	0	0	58

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	58	0	0	0	58
Total	58	0	0	0	58

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	7.00
Certified Aides	32.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	47.00

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
9.3%	59.2%	0.0%	3.1%	28.4%	100.0%		
267,335	1,704,392	0	90,598	817,729	2,880,054	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CASEYVILLE NURSING & REHAB CENTER
601 WEST LINCOLN
Caseyville, IL. 62232-1306

Reference Numbers

Facility ID	6010227	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Mr. David Zuckerman

Contact Person and Telephone
Rebecca Friedman
847-982-2300

Registered Agent Information
Mr. Sheldon Wolfe
7434 N. Skokie Blvd.
Skokie, IL 60077

Date Questionnaire Completed 4/13/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	104
Total Admissions 2017	97
Total Discharges 2017	0
Residents on 12/31/2017	201

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	109
Non-Medical Conditions	0
TOTALS	114

Total Residents Diagnosed as Mentally Ill 14

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	150	117	150	114	36	30	150
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	150	150	117	150	114	36	30	150

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1363	12.4%	31784	58.1%	0	0	5935	0	39082	71.4%	71.4%
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%
TOTALS	1363	12.4%	31784	58.1%	0	0	5935	0	39082	71.4%	71.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	1	6	0	0	0	0	0	0	1	6	7
65 to 74	12	9	0	0	0	0	0	0	12	9	21
75 to 84	12	17	0	0	0	0	0		12		
85+	14	36	0	0	0	0					
TOTALS	43	71	0	0	0	0					

CASEYVILLE NURSING & REHAB CENTER
601 WEST LINCOLN
Caseyville, IL. 62232-1306

Classification Numbers

Facility ID	6010227	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	96	0	0	16	0	114
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	96	0	0	16	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	41	0	0	0	41
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	114	0	0	0	114

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	114	0	0	0	114
Total	114	0	0	0	114

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	12.00
Certified Aides	53.00
Other Health Staff	3.00
Non-Health Staff	30.00
Totals	104.00

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
15.0%	65.7%	0.0%	0.0%	19.3%	100.0%		
855,095	3,756,359	0	0	1,104,075	5,715,529	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Cedar Ridge Health and Rehab Center
One Perryman Street
Lebanon, IL. 62254

Reference Numbers

Facility ID	6002869	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Michael Altobella

Contact Person and Telephone
Michael Altobella
618-537-6165

Registered Agent Information

Date Questionnaire Completed 4/6/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	102
Total Admissions 2017	225
Total Discharges 2017	229
Residents on 12/31/2017	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	6
*Nervous System Non Alzheimer	14
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	10
Digestive System	7
Genitourinary System Disorders	7
Skin Disorders	5
Musculo-skeletal Disorders	5
Injuries and Poisonings	6
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	116	110	98	110	98	18	116	116
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	116	110	98	110	98	18	116	116

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4163	9.8%	23646	55.8%	0	1994	5185	0	34988	82.6%	87.1%
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%
TOTALS	4163	9.8%	23646	55.8%	0	1994	5185	0	34988	82.6%	87.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	2	3	5
65 to 74	8	13	0	0	0	0	0	0	8	13	21
75 to 84	18	11	0	0	0	0	0	0	18	11	29
85+	3	33	0	0	0	0	0	0	3	33	36
TOTALS	36	62	0	0	0	0	0	0	36	62	98

Cedar Ridge Health and Rehab Center
One Perryman Street
Lebanon, IL. 62254

Classification Numbers

Facility ID	6002869	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	57	0	5	26	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	57	0	5	26	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	15.00
Certified Aides	33.00
Other Health Staff	1.00
Non-Health Staff	31.00
Totals	89.00

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
28.8%	47.2%	3.8%	8.7%	11.5%	100.0%		
2,462,258	4,037,443	327,632	746,011	979,756	8,553,100	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Center Home for Hispanic Elderly
1401 N. California
Chicago, IL. 60622

Reference Numbers

Facility ID	6001523	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 24 - West Town

Administrator
Juvenal Jay Gonzalez

Contact Person and Telephone
Juvenal Jay Gonzalez
773-782-8700

Registered Agent Information
MS Registered Agent Services
191 N. Wacker Dr Ste 1800
Chicago, IL 60606

Date Questionnaire Completed 4/16/2018

Life Care Facility

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	129
Total Admissions 2017	92
Total Discharges 2017	76
Residents on 12/31/2017	145

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	18
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	78
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	145

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	156	156	152	156	145	11	98	156
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	156	156	152	156	145	11	98	156

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3300	9.2%	46649	81.9%	1865	0	271	0	52085	91.5%	91.5%
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%
TOTALS	3300	9.2%	46649	81.9%	1865	0	271	0	52085	91.5%	91.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	5	1	0	0	0	0	0	0	5	1	6
65 to 74	10	11	0	0	0	0	0	0	10	11	21
75 to 84	30	33	0	0	0	0	0	0	30	33	63
85+	18	34	0	0	0	0	0	0	18	34	52
TOTALS	65	80	0	0	0	0	0	0	65	80	145

Center Home for Hispanic Elderly
1401 N. California
Chicago, IL. 60622

Classification Numbers

Facility ID	6001523	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 24 - West Town

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	129	3	0	1	0	145
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	129	3	0	1	0	145

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	144	0	0	0	144
Race Unknown	0	0	0	0	0
Total	145	0	0	0	145

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	138	0	0	0	138
Non-Hispanic	6	0	0	0	6
Ethnicity Unknown	1	0	0	0	1
Total	145	0	0	0	145

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	12.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	21.00
Certified Aides	68.00
Other Health Staff	1.00
Non-Health Staff	48.00
Totals	168.00

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
19.7%	76.7%	3.1%	0.0%	0.5%	100.0%		
2,171,297	8,435,604	339,174	0	50,400	10,996,475	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Central Baptist Village
4747 N. Canfield Ave.
Norridge, IL. 60706

Reference Numbers

Facility ID	6001564	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Norwood Park Township

Administrator
Anna-Liisa LaCroix

Contact Person and Telephone
Pamela Yoelin
708-583-8539

Registered Agent Information
Dawn Mondschein
4747 N. Canfield Ave.
Norridge, IL 60706

Date Questionnaire Completed 4/6/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	141
Total Admissions 2017	98
Total Discharges 2017	101
Residents on 12/31/2017	138

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	26
Mental Illness	46
Developmental Disability	0
Circulatory System	19
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	18
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	138

Total Residents Diagnosed as Mentally Ill 46

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	112	120	109	11	68	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	30	30	30	30	29	1		
TOTAL BEDS	150	150	142	150	138	12	68	120

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3105	12.5%	8600	19.6%	0	0	27839				
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	10756	0	10756	98.2%	98.2%
TOTALS	3105	12.5%	8600	19.6%	0	0	38595			0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	3	0	0	0	0	2	0	2	3	5
75 to 84	8	21	0	0	0	0	2	3	10	24	34
85+	10	67	0	0	0	0	6	16	16	83	99
TOTALS	18	91	0	0	0	0	10	19	28	110	138

Central Baptist Village
4747 N. Canfield Ave.
Norridge, IL. 60706

Classification Numbers

Facility ID	6001564	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Norwood Park Township

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	77	0	109
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	29	0	29
TOTALS	9	23	0	0	106	0	138

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	106	0	0	29	135
Race Unknown	0	0	0	0	0
Total	109	0	0	29	138

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	1	1
Non-Hispanic	109	0	0	28	137
Ethnicity Unknown	0	0	0	0	0
Total	109	0	0	29	138

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	8.00
Certified Aides	52.00
Other Health Staff	2.00
Non-Health Staff	109.00
Totals	193.00

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
10.4%	9.5%	0.0%	0.0%	80.1%	100.0%		
1,662,579	1,516,943	0	0	12,758,253	15,937,775	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Central Nursing Home
2450 N. Central Av.
Chicago, IL. 60639

Reference Numbers

Facility ID	6001580	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 19 - Belmont Cragin

Administrator
Philip Morgenstein

Contact Person and Telephone
Philip Morgenstein
773-889-1333

Registered Agent Information
Lawrence Schwartz
8710 N. Mc Cormick Blvd., Ste. 219
Skokie, IL 60076

Date Questionnaire Completed 4/12/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	227
Total Admissions 2017	185
Total Discharges 2017	177
Residents on 12/31/2017	235

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	34
Blood Disorders	5
*Nervous System Non Alzheimer	23
Alzheimer Disease	0
Mental Illness	24
Developmental Disability	0
Circulatory System	44
Respiratory System	42
Digestive System	8
Genitourinary System Disorders	11
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	16
Non-Medical Conditions	14
TOTALS	235

Total Residents Diagnosed as Mentally Ill 128

Total Residents Reported as Identified Offenders 26

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	245	245	235	245	235	10	11	124
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	245	245	235	245	235	10	11	124

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3185	79.3%	78178	######	922	0	1866	0	84151	94.1%	94.1%
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%
TOTALS	3185	79.3%	78178	######	922	0	1866	0	84151	94.1%	94.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	11	9	0	0	0	0	0	0	11	9	20
45 to 59	60	17	0	0	0	0	0	0	60	17	77
60 to 64	33	11	0	0	0	0	0	0	33	11	44
65 to 74	44	15	0	0	0	0	0	0	44	15	59
75 to 84	19	6	0	0	0	0	0	0	19	6	25
85+	7	3	0	0	0	0	0	0	7	3	10
TOTALS	174	61	0	0	0	0	0	0	174	61	235

Central Nursing Home
2450 N. Central Av.
Chicago, IL. 60639

Classification Numbers

Facility ID	6001580	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 19 - Belmont Cragin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	226	3	0	0	0	235
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	226	3	0	0	0	235

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	71	0	0	0	71
Hawaiian/Pacific Isl.	0	0	0	0	0
White	163	0	0	0	163
Race Unknown	0	0	0	0	0
Total	235	0	0	0	235

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	39	0	0	0	39
Non-Hispanic	196	0	0	0	196
Ethnicity Unknown	0	0	0	0	0
Total	235	0	0	0	235

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	3.00
Certified Aides	29.00
Other Health Staff	8.00
Non-Health Staff	48.00
Totals	114.00

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
13.0%	86.0%	0.7%	0.1%	0.2%	100.0%		
1,882,419	12,475,121	106,735	20,838	24,533	14,509,646	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Central Plaza Residential Home
321 N Central Ave
Chicago, IL. 60644

Reference Numbers

Facility ID	6001598	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 25 - Austin

Administrator
Maria Cristina Kozak

Contact Person and Telephone
Richard Duros
847-441-8200

Registered Agent Information
Gary Weintraub
465 Central Ave

Date Questionnaire Completed 4/4/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	221
Total Admissions 2017	96
Total Discharges 2017	89
Residents on 12/31/2017	228

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	228
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
TOTALS	228

Total Residents Diagnosed as Mentally Ill 228

Total Residents Reported as Identified Offenders 70

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	240	240	228	230	210	30	0	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	240	240	228	230	210	30	0	260

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	80505	84.8%	0	0	138	0	80643	92.1%	92.1%
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%
TOTALS	0	0.0%	80505	84.8%	0	0	138	0	80643	92.1%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	65	22	0	0	0	0	0	0	65	22	87
45 to 59	72	22	0	0	0	0	0	0	72	22	94
60 to 64	22	6	0	0	0	0	0	0	22	6	28
65 to 74	15	3	0	0	0	0	0	0	15	3	18
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
TOTALS	175	53	0	0	0	0	0	0	175	53	228

Central Plaza Residential Home
321 N Central Ave
Chicago, IL. 60644

Classification Numbers

Facility ID	6001598	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 25 - Austin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	228	0	0	0	0	228
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	228	0	0	0	0	228

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	169	0	0	0	169
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	211	0	0	0	211

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	211	0	0	0	211
Ethnicity Unknown	0	0	0	0	0
Total	228	0	0	0	228

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	13.00
Certified Aides	26.00
Other Health Staff	31.00
Non-Health Staff	40.00
Totals	112.00

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
0.0%	99.8%	0.0%	0.0%	0.2%	100.0%		
0	10,204,134	0	0	16,650	10,220,784	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CENTRALIA MANOR
1910 EAST MCCORD RTE 161 EAST
Centralia , IL. 62801

Reference Numbers

Facility ID	6012355	
Health Service Area	005	
Planning Service Area	121	Marion
County	121	Marion County

Administrator
Jennifer Winka-Sursa

Contact Person and Telephone
Jennifer Winka-Sursa
618-533-1200

Registered Agent Information
J Michael Bibo
285 South Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	99
Total Admissions 2017	283
Total Discharges 2017	290
Residents on 12/31/2017	92

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	3
*Nervous System Non Alzheimer	4
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	11
Digestive System	3
Genitourinary System Disorders	19
Skin Disorders	1
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	92

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	112	120	92	28	120	98
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	120	120	112	120	92	28	120	98

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13606	31.1%	12216	34.2%	0	0	11170	0	36992	84.5%	84.5%
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%
TOTALS	13606	31.1%	12216	34.2%	0	0	11170	0	36992	84.5%	84.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	1	1	2
65 to 74	3	9	0	0	0	0	0	0	3	9	12
75 to 84	9	10	0	0	0	0	0	0	9	10	19
85+	15	43	0	0	0	0	0	0	15	43	58
TOTALS	28	64	0	0	0	0	0	0	28	64	92

CENTRALIA MANOR
1910 EAST MCCORD RTE 161 EAST
Centralia , IL. 62801

Classification Numbers

Facility ID	6012355	
Health Service Area	005	
Planning Service Area	121	Marion
County	121	Marion County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	34	0	0	25	0	92
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	34	0	0	25	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	92	0	0	0	92

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	23.00
Certified Aides	65.00
Other Health Staff	8.00
Non-Health Staff	37.00
Totals	142.00

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
60.4%	19.3%	0.0%	0.9%	19.5%	100.0%		
5,847,252	1,864,937	4,138	83,029	1,887,950	9,687,306	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Chalet Living and Rehab
7350 Sheridan Rd
Chicago, IL. 60626

Reference Numbers

Facility ID	6008601	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

Administrator
Rani Stutz

Contact Person and Telephone
Lorrie Butler
773-274-1000

Registered Agent Information
Illinois Corporate Services Company
801 Adlai Stevenson Dr
Springfield, IL 62703

Date Questionnaire Completed 4/16/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	191
Total Admissions 2017	242
Total Discharges 2017	242
Residents on 12/31/2017	191

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	15
Blood Disorders	3
*Nervous System Non Alzheimer	18
Alzheimer Disease	2
Mental Illness	18
Developmental Disability	0
Circulatory System	58
Respiratory System	17
Digestive System	3
Genitourinary System Disorders	12
Skin Disorders	2
Musculo-skeletal Disorders	11
Injuries and Poisonings	11
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	187

Total Residents Diagnosed as Mentally Ill 18

Total Residents Reported as Identified Offenders 18

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	219	208	198	208	191	28	219	219
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	219	208	198	208	191	28	219	219

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3358	4.2%	62076	77.7%	0	543	3814	0	69791	87.3%	91.9%
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%
TOTALS	3358	4.2%	62076	77.7%	0	543	3814	0	69791	87.3%	91.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	6	0	0	0	0	0	0	5	6	11
45 to 59	26	15	0	0	0	0	0	0	26	15	41
60 to 64	16	11	0	0	0	0	0	0	16	11	27
65 to 74	27	22	0	0	0	0	0	0	27	22	49
75 to 84	16	24	0	0	0	0	0	0	16	24	40
85+	9	19	0	0	0	0	0	0	9	19	28
TOTALS	99	97	0	0	0	0	0	0	99	97	196

Chalet Living and Rehab
7350 Sheridan Rd
Chicago, IL. 60626

Classification Numbers

Facility ID	6008601	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	45	125	0	10	0	191
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	45	125	0	10	0	191

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	1	0	0	0	1
Black	90	0	0	0	90
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	182	0	0	0	182

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	182	0	0	0	182
Ethnicity Unknown	0	0	0	0	0
Total	191	0	0	0	191

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	28.00
Certified Aides	48.00
Other Health Staff	20.00
Non-Health Staff	30.00
Totals	143.00

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
13.7%	78.7%	0.0%	2.1%	5.6%	100.0%		
1,937,813	11,157,899	0	295,223	788,106	14,179,041	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Chamness Square
340 Heritage Drive
Bourbonnais, IL. 60914

Reference Numbers

Facility ID	6010243	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Cynthia Lewis

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	1	0	0	1	1	2
45 to 59	0	0	0	0	4	0	0	0	4	0	4
60 to 64	0	0	0	0	1	3	0	0	1	3	4
65 to 74	0	0	0	0	1	3	0	0	1	3	4
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
TOTALS	0	0	0	0	8	7	0	0	8	7	15

Chamness Square
340 Heritage Drive
Bourbonnais, IL. 60914

Classification Numbers

Facility ID	6010243	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	78.4%	1.1%	0.0%	20.5%	100.0%		
0	577,378	8,427	0	151,082	736,887	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHAMPAIGN COUNTY NURSING HOME
500 ART BARTELL DRIVE
Urbana, IL. 61802

Reference Numbers

Facility ID	6001630	
Health Service Area	004	
Planning Service Area	019	Champaign
County	019	Champaign County

Administrator
Gina Miller

Contact Person and Telephone
Gina Miller
217-384-3784

Registered Agent Information
C. Pius Weibel
1776 East Washington
Urbana, IL 61802

Date Questionnaire Completed 6/1/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	171
Total Admissions 2017	171
Total Discharges 2017	206
Residents on 12/31/2017	136

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	8
*Nervous System Non Alzheimer	13
Alzheimer Disease	21
Mental Illness	18
Developmental Disability	0
Circulatory System	10
Respiratory System	10
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	23
Injuries and Poisonings	6
Other Medical Conditions	3
Non-Medical Conditions	4
TOTALS	135

Total Residents Diagnosed as Mentally Ill 18

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	243	243	136	243	136	107	243	243
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	243	243	136	243	136	107	243	243

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3494	3.9%	31113	35.1%	2234	99	9373	0	46313	52.2%	52.2%
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%
TOTALS	3494	3.9%	31113	35.1%	2234	99	9373	0	46313	52.2%	52.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
60 to 64	17	2	0	0	0	0	0	0	17	2	19
65 to 74	11	18	0	0	0	0	0	0	11	18	29
75 to 84	14	26	0	0	0	0	0	0	14	26	40
85+	10	36	0	0	0	0	0	0	10	36	46
TOTALS	52	84	0	0	0	0	0	0	52	84	136

CHAMPAIGN COUNTY NURSING HOME
500 ART BARTELL DRIVE
Urbana, IL. 61802

Classification Numbers

Facility ID	6001630	
Health Service Area	004	
Planning Service Area	019	Champaign
County	019	Champaign County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	75	31	0	21	0	136
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	75	31	0	21	0	136

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	1	0	0	0	1
Black	16	0	0	0	16
Hawaiian/Pacific Isl.	1	0	0	0	1
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	133	0	0	0	133

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	3	0	0	0	3

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.05
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	17.50
Certified Aides	75.00
Other Health Staff	40.00
Non-Health Staff	11.00
Totals	158.55

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
11.7%	50.8%	5.7%	6.4%	25.4%	100.0%		
1,290,078	5,624,545	628,511	709,571	2,811,441	11,064,146	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Champaign Urbana Nursing & Rehab
302 Burwash Ave
Savoy, IL. 61874

Reference Numbers

Facility ID	6001457	
Health Service Area	004	
Planning Service Area	019	Champaign
County	019	Champaign County

Administrator
Kevin Rickard

Contact Person and Telephone
Janet Peratt
217-402-9632

Registered Agent Information

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	126
Total Admissions 2017	356
Total Discharges 2017	364
Residents on 12/31/2017	118

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	7
Mental Illness	3
Developmental Disability	0
Circulatory System	17
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	7
Other Medical Conditions	35
Non-Medical Conditions	0
TOTALS	118

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 7

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	213	203	132	187	118	95	213	118
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	213	203	132	187	118	95	213	118

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6849	8.8%	28687	66.6%	1379	3379	4195	0	44489	57.2%	60.0%
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%
TOTALS	6849	8.8%	28687	66.6%	1379	3379	4195	0	44489	57.2%	60.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	2	0	0	0	0	0	0	1	2	3
45 to 59	3	7	0	0	0	0	0	0	3	7	10
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	13	19	0	0	0	0	0	0	13	19	32
75 to 84	9	21	0	0	0	0	0	0	9	21	30
85+	9	23	0	0	0	0	0	0	9	23	32
TOTALS	41	77	0	0	0	0	0	0	41	77	118

Champaign Urbana Nursing & Rehab
302 Burwash Ave
Savoy, IL. 61874

Classification Numbers

Facility ID	6001457	
Health Service Area	004	
Planning Service Area	019	Champaign
County	019	Champaign County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	80	1	9	7	0	118
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	80	1	9	7	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	29	0	0	0	29
Hawaiian/Pacific Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	3	0	0	0	3
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	3	0	0	0	3

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	11.00
Certified Aides	34.00
Other Health Staff	15.00
Non-Health Staff	28.00
Totals	106.00

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
42.3%	39.1%	2.8%	5.0%	10.9%	100.0%		
4,659,818	4,304,109	306,857	548,735	1,196,166	11,015,685	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Charleston Rehb & Health CC
716 Eighteenth Street
Charleston, IL. 61920

Reference Numbers

Facility ID	6001358	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland
County	029	Coles County

Administrator
Amanda Yoder

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/19/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	56
Total Admissions 2017	76
Total Discharges 2017	77
Residents on 12/31/2017	55

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	3
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	9
Developmental Disability	1
Circulatory System	16
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	55

Total Residents Diagnosed as Mentally Ill 37

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	139	139	58	139	55	84	93	139
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	139	139	58	139	55	84	93	139

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2335	6.9%	13191	26.0%	89	165	2910	0	18690	36.8%	36.8%
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%
TOTALS	2335	6.9%	13191	26.0%	89	165	2910	0	18690	36.8%	36.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	4	6	0	0	0	0	0	0	4	6	10
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	5	9	0	0	0	0	0	0	5	9	14
85+	4	9	0	0	0	0	0	0	4	9	13
TOTALS	21	34	0	0	0	0	0	0	21	34	55

Charleston Rehb & Health CC
716 Eighteenth Street
Charleston, IL. 61920

Classification Numbers

Facility ID	6001358	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland
County	029	Coles County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	40	2	1	6	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	40	2	1	6	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	17.00
Certified Aides	4.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	45.00

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
17.5%	65.6%	0.0%	1.4%	15.5%	100.0%		
449,580	1,688,767	434	36,787	399,043	2,574,611	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Chateau Nursing and Rehabiliation
7050 Madison Street
Willowbrook, IL. 60527

Reference Numbers

Facility ID	6010367	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Downers Grove Township

Administrator
Jamie Krieps

Contact Person and Telephone
Ron Cournaya
847-905-3000

Registered Agent Information
David Arronin
2201 Main St
Evanston, IL 60202

Date Questionnaire Completed 2/27/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	124
Total Admissions 2017	204
Total Discharges 2017	215
Residents on 12/31/2017	113

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	1
Mental Illness	16
Developmental Disability	0
Circulatory System	10
Respiratory System	16
Digestive System	2
Genitourinary System Disorders	11
Skin Disorders	3
Musculo-skeletal Disorders	3
Injuries and Poisonings	6
Other Medical Conditions	32
Non-Medical Conditions	0
TOTALS	113

Total Residents Diagnosed as Mentally Ill 16

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	150	150	150	113	37	150	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	1	0	0	0	0	1		
TOTAL BEDS	151	150	150	150	113	38	150	150

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8454	15.4%	25749	47.0%	0	621	10247	0	45071	82.3%	82.3%
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%
TOTALS	8454	15.4%	25749	47.0%	0	621	10247	0	45071	81.8%	82.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	1	0	0	0	0	0	0	0	1	1
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	7	8	0	0	0	0	0	0	7	8	15
75 to 84	9	24	0	0	0	0	0	0	9	24	33
85+	4	57	0	0	0	0	0	0	4	57	61
TOTALS	22	91	0	0	0	0	0	0	22	91	113

Chateau Nursing and Rehabiliation
7050 Madison Street
Willowbrook, IL. 60527

Classification Numbers

Facility ID	6010367	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Downers Grove Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	66	0	0	26	0	113
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	66	0	0	26	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	3	0	0	0	3

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	12.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	41.00
Totals	83.00

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
31.9%	41.3%	0.0%	2.2%	24.6%	100.0%		
3,672,485	4,758,969	0	253,746	2,835,191	11,520,391	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHICAGO RIDGE NURSING CENTER
10602 SOUTHWEST HIGHWAY

Reference Numbers

Facility ID	6001697	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

Administrator
Doreen A Hickman

Contact Person and Telephone
Doreen A Hickman
708-448-1540

Registered Agent Information

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	219
Total Admissions 2017	149
Total Discharges 2017	154
Residents on 12/31/2017	214

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	29
Blood Disorders	2
*Nervous System Non Alzheimer	16
Alzheimer Disease	1
Mental Illness	47
Developmental Disability	2
Circulatory System	71
Respiratory System	16
Digestive System	10
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	214

Total Residents Diagnosed as Mentally Ill 47

Total Residents Reported as Identified Offenders 21

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	231	231	231	231	214	17	38	231
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	231	231	231	231	214	17	38	231

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4060	29.3%	67609	80.2%	2833	1216	2750	0	78468	93.1%	93.1%
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%
TOTALS	4060	29.3%	67609	80.2%	2833	1216	2750	0	78468	93.1%	93.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	8	3	0	0	0	0	0	0	8	3	11
45 to 59	49	25	0	0	0	0	0	0	49	25	74
60 to 64	33	16	0	0	0	0	0	0	33	16	49
65 to 74	37	11	0	0	0	0	0	0	37	11	48
75 to 84	10	14	0	0	0	0	0	0	10	14	24
85+	1	7	0	0	0	0	0	0	1	7	8
TOTALS	138	76	0	0	0	0	0	0	138	76	214

CHICAGO RIDGE NURSING CENTER
10602 SOUTHWEST HIGHWAY

Classification Numbers

Facility ID	6001697	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	188	10	0	6	0	214
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	188	10	0	6	0	214

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	66	0	0	0	66
Hawaiian/Pacific Isl.	0	0	0	0	0
White	148	0	0	0	148
Race Unknown	0	0	0	0	0
Total	214	0	0	0	214

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	205	0	0	0	205
Ethnicity Unknown	0	0	0	0	0
Total	214	0	0	0	214

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	6.00
Certified Aides	39.00
Other Health Staff	13.00
Non-Health Staff	42.00
Totals	135.00

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
12.4%	80.1%	3.9%	0.2%	3.3%	100.0%		
1,725,522	11,137,801	545,168	31,650	465,282	13,905,423	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Children's Habilitation Center
121 W 154th St
Harvey, IL. 60426

Reference Numbers

Facility ID	6001705	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

Administrator
Pamela Markle

Contact Person and Telephone
Pamela Markle
708-596-2220

Registered Agent Information
Pamela Markle
121 W 154th St
Harvey, IL 60426

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	1
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	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	66
Total Admissions 2017	7
Total Discharges 2017	10
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	53
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	1
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	9
Non-Medical Conditions	0
TOTALS	63

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	67	67	66	67	63	4		67
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	67	67	66	67	63	4	0	67

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			23172	94.8%	0	0	0	0	23172	94.8%	94.8%
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%
TOTALS	0	0.0%	23172	94.8%	0	0	0	0	23172	94.8%	94.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	22	16	0	0	0	0	22	16	38
18 to 44	0	0	12	13	0	0	0	0	12	13	25
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	34	29	0	0	0	0	34	29	63

Children's Habilitation Center
121 W 154th St
Harvey, IL. 60426

Classification Numbers

Facility ID	6001705	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	63	0	0	0	0	63
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	63	0	0	0	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	1	0	0	1
Black	0	45	0	0	45
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	10	0	0	10
Race Unknown	0	0	0	0	0
Total	0	56	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	7	0	0	7
Non-Hispanic	0	56	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	0	63	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	14.00
Certified Aides	47.00
Other Health Staff	24.00
Non-Health Staff	37.00
Totals	129.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	11,148,690	0	0	0	11,148,690	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Christian Buehler Memorial
3415 N. Sheridan Road
Peoria, IL. 61604

Reference Numbers

Facility ID	6001721	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

Administrator
Rich Amberg

Contact Person and Telephone
Rich Amberg
309-685-6236

Registered Agent Information
Rich Amberg
7111 Blair Ct.
Peoria, IL 61614

Date Questionnaire Completed 4/5/2018

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	60
Total Admissions 2017	89
Total Discharges 2017	90
Residents on 12/31/2017	59

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	33
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	59

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	78	78	65	78	59	19	0	0
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	78	78	65	78	59	19	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	20745	0	20745	72.9%	72.9%
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%
TOTALS	0	0.0%	0	0.0%	0	0	20745	0	20745	72.9%	72.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	0	3	0	0	0	0	0	0	0	3	3
85+	6	49	0	0	0	0	0	0	6	49	55
TOTALS	6	53	0	0	0	0	0	0	6	53	59

Christian Buehler Memorial
3415 N. Sheridan Road
Peoria, IL. 61604

Classification Numbers

Facility ID	6001721	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

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	59	0	59
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	59	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	2.00
Certified Aides	30.00
Other Health Staff	0.00
Non-Health Staff	6.00
Totals	51.00

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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	968,480	968,480	150,296	15.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Christian Nursing Home
1507 7th Street
Lincoln, IL. 62656

Reference Numbers

Facility ID	6001739	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

Administrator
Steven Territo

Contact Person and Telephone
Kenna Hudson
314-587-7900

Registered Agent Information
CT Corporation System
208 South LaSalle Street, Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	108
Total Admissions 2017	228
Total Discharges 2017	223
Residents on 12/31/2017	113

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	8
Blood Disorders	3
*Nervous System Non Alzheimer	36
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	10
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	25
Injuries and Poisonings	2
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	113

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	124	124	120	124	113	11	124	104
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	124	124	120	124	113	11	124	104

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3740	8.3%	24192	63.7%	0	1697	13374	0	43003	95.0%	95.0%
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%
TOTALS	3740	8.3%	24192	63.7%	0	1697	13374	0	43003	95.0%	95.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	2	0	0	0	0	0	0	2	2	4
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	5	34	0	0	0	0	0	0	5	34	39
85+	11	46	0	0	0	0	0	0	11	46	57
TOTALS	23	90	0	0	0	0	0	0	23	90	113

Christian Nursing Home
1507 7th Street
Lincoln, IL. 62656

Classification Numbers

Facility ID	6001739	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	58	0	6	37	0	113
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	58	0	6	37	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	113	0	0	0	113
Total	113	0	0	0	113

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.50
LPN's	18.00
Certified Aides	43.00
Other Health Staff	5.00
Non-Health Staff	30.50
Totals	103.00

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
29.0%	28.0%	1.2%	3.5%	38.3%	100.0%		
2,881,683	2,774,094	121,675	350,210	3,797,169	9,924,831	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

9/9/2016 Facility added 12 Nursing Care beds to existing facility; facility now has 124 Nursing Care beds.

Church Creek
1200 West Central Rd.
Arlington Heights, IL. 60005

Reference Numbers

Facility ID	6001754	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Wheeling Township

Administrator
Eduardo Alvarez

Contact Person and Telephone
Eduardo Alvarez
847-506-3200

Registered Agent Information

Date Questionnaire Completed 4/10/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	23
Total Admissions 2017	289
Total Discharges 2017	285
Residents on 12/31/2017	27

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	56	0	0	56	27	29	56	0
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	56	0	0	56	27	29	56	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5898	28.9%	0	0.0%	0	0	4019	0	9917	48.5%	0.0%
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%
TOTALS	5898	28.9%	0	0.0%	0	0	4019	0	9917	48.5%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	7	2	0	0	0	0	0	0	7	2	9
85+	8	9	0	0	0	0	0	0	8	9	17
TOTALS	15	12	0	0	0	0	0	0	15	12	27

Church Creek
1200 West Central Rd.
Arlington Heights, IL. 60005

Classification Numbers

Facility ID	6001754	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Wheeling Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	0	0	0	9	0	27
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	0	0	0	9	0	27

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	27	0	0	0	27
Race Unknown	0	0	0	0	0
Total	27	0	0	0	27

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	27	0	0	0	27
Ethnicity Unknown	0	0	0	0	0
Total	27	0	0	0	27

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.70
LPN's	4.40
Certified Aides	12.60
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	23.70

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
74.9%	0.0%	0.0%	0.0%	25.1%	100.0%		
3,191,847	0	0	0	1,068,623	4,260,470	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Cisne Rehabilitation & Health Care Center
107 North Watkins PO Box 370
Cisne, IL. 62823

Reference Numbers

Facility ID	6001770	
Health Service Area	005	
Planning Service Area	191	Wayne
County	191	Wayne County

Administrator
Pamela Mix-Bisse

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/6/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	33
Total Admissions 2017	31
Total Discharges 2017	32
Residents on 12/31/2017	32

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	0
Circulatory System	7
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	32

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	35	35	33	35	32	3	0	35
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	35	35	33	35	32	3	0	35

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1260	0.0%	6865	53.7%	0	0	3319	0	11444	89.6%	89.6%
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%
TOTALS	1260	0.0%	6865	53.7%	0	0	3319	0	11444	89.6%	89.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	1	6	0	0	0	0	0	0	1	6	7
85+	8	11	0	0	0	0	0	0	8	11	19
TOTALS	14	18	0	0	0	0	0	0	14	18	32

Cisne Rehabilitation & Health Care Center
107 North Watkins PO Box 370
Cisne, IL. 62823

Classification Numbers

Facility ID	6001770	
Health Service Area	005	
Planning Service Area	191	Wayne
County	191	Wayne County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	22	1	0	8	0	32
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	22	1	0	8	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	0	0	0	0	0
Total	32	0	0	0	32

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	31	0	0	0	31
Ethnicity Unknown	0	0	0	0	0
Total	32	0	0	0	32

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	2.00
Certified Aides	19.00
Other Health Staff	2.00
Non-Health Staff	12.00
Totals	41.00

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%	67.6%	0.0%	0.7%	16.4%	100.0%		
264,924	1,167,971	0	12,503	283,525	1,728,923	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Citadel Care Center of Elgin
180 South State
Elgin, IL. 60123

Reference Numbers

Facility ID	6000277	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Pam Crenshaw

Contact Person and Telephone
Pam Crenshaw
847-742-3310

Registered Agent Information

Date Questionnaire Completed 4/15/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	78
Total Admissions 2017	179
Total Discharges 2017	181
Residents on 12/31/2017	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	18
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	16
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	76

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	88	85	82	85	76	12	88	61
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	88	85	82	85	76	12	88	61

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12	0.0%	57	0.3%	2	0	5	0	76	0.2%	0.2%
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%
TOTALS	12	0.0%	57	0.3%	2	0	5	0	76	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	3	2	5
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	12	11	0	0	0	0	0	0	12	11	23
85+	9	18	0	0	0	0	0	0	9	18	27
TOTALS	34	42	0	0	0	0	0	0	34	42	76

Citadel Care Center of Elgin
180 South State
Elgin, IL. 60123

Classification Numbers

Facility ID	6000277	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	58	2	0	4	0	76
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	58	2	0	4	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	0	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	10.00
Certified Aides	24.00
Other Health Staff	17.00
Non-Health Staff	4.00
Totals	70.00

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
11.9%	69.9%	7.7%	0.0%	10.5%	100.0%		
635,696	3,741,253	412,970	0	564,500	5,354,419	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Citadel care Center- Wilmette
432 Poplar Drive
Wilmette , IL. 60091

Reference Numbers

Facility ID	6006563	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	New Trier Township

Administrator
Cole Teller

Contact Person and Telephone
Cole Teller
847-256-5000

Registered Agent Information

Date Questionnaire Completed 4/4/2018

Life Care Facility

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	52
Total Admissions 2017	165
Total Discharges 2017	165
Residents on 12/31/2017	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	7
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	15
Non-Medical Conditions	2
TOTALS	46

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	0	0	0	46	34	80	57
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	80	0	0	0	46	34	80	57

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12	0.0%	27	0.1%	0	0	7	0	46	0.2%	0.0%
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%
TOTALS	12	0.0%	27	0.1%	0	0	7	0	46	0.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	10	6	0	0	0	0	0	0	10	6	16
85+	7	15	0	0	0	0	0	0	7	15	22
TOTALS	20	26	0	0	0	0	0	0	20	26	46

Citadel care Center- Wilmette
432 Poplar Drive
Wilmette , IL. 60091

Classification Numbers

Facility ID	6006563	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	New Trier Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	27	0	0	7	0	46
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	27	0	0	7	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.80
LPN's	8.40
Certified Aides	26.13
Other Health Staff	4.00
Non-Health Staff	24.00
Totals	81.33

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
13.3%	60.1%	8.4%	0.0%	18.2%	100.0%		
554,871	2,497,010	349,959	0	754,805	4,156,645	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Citadel Healthcare Center- Kankakee
900 WEST RIVER PLACE
Kankakee, IL. 60901

Reference Numbers

Facility ID	6000269	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Jennifer Wright

Contact Person and Telephone
Jennifer Wright
815-933-1711

Registered Agent Information

Date Questionnaire Completed 4/13/2018

Life Care Facility

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	77
Total Admissions 2017	145
Total Discharges 2017	134
Residents on 12/31/2017	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	5
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	63
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 61

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	107	96	92	96	88	19	107	107
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	107	96	92	96	88	19	107	107

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4113	10.5%	20156	51.6%	2418	0	4224	0	30911	79.1%	88.2%
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%
TOTALS	4113	10.5%	20156	51.6%	2418	0	4224	0	30911	79.1%	88.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	1	3	4
60 to 64	2	6	0	0	0	0	0	0	2	6	8
65 to 74	8	14	0	0	0	0	0	0	8	14	22
75 to 84	10	22	0	0	0	0	0	0	10	22	32
85+	9	13	0	0	0	0	0	0	9	13	22
TOTALS	30	58	0	0	0	0	0	0	30	58	88

Citadel Healthcare Center- Kankakee
900 WEST RIVER PLACE
Kankakee, IL. 60901

Classification Numbers

Facility ID	6000269	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	56	0	1	15	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	56	0	1	15	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	32	0	0	0	32
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	6.00
Certified Aides	28.00
Other Health Staff	4.00
Non-Health Staff	10.00
Totals	59.00

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
2.1%	73.6%	7.8%	0.0%	16.6%	100.0%		
107,991	3,751,725	396,187	0	844,100	5,100,003	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Cityview Multicare Center
5825 W. Cermak
Cicero, IL. 60804

Reference Numbers

Facility ID	6009948	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Cicero Township

Administrator
Esther Burnett

Contact Person and Telephone
Esther Burnett
708-656-9120

Registered Agent Information
Michelle Bush
240 Fencel Lane
Hillside, IL 60162

Date Questionnaire Completed 4/6/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	267
Total Admissions 2017	199
Total Discharges 2017	184
Residents on 12/31/2017	282

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	18
Blood Disorders	5
*Nervous System Non Alzheimer	5
Alzheimer Disease	6
Mental Illness	182
Developmental Disability	0
Circulatory System	11
Respiratory System	26
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	282

Total Residents Diagnosed as Mentally Ill	35
Total Residents Reported as Identified Offenders	60

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	485	203	0	485	282	203	74	485
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	485	203	0	485	282	203	74	485

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3052	11.3%	95794	54.1%	459	2728	94	0	102127	57.7%	137.8%
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%
TOTALS	3052	11.3%	95794	54.1%	459	2728	94	0	102127	57.7%	137.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	41	15	0	0	0	0	0	0	41	15	56
45 to 59	72	22	0	0	0	0	0	0	72	22	94
60 to 64	37	15	0	0	0	0	0	0	37	15	52
65 to 74	35	21	0	0	0	0	0	0	35	21	56
75 to 84	11	9	0	0	0	0	0	0	11	9	20
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	197	85	0	0	0	0	0	0	197	85	282

Cityview Multicare Center
5825 W. Cermak
Cicero, IL. 60804

Classification Numbers

Facility ID	6009948	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Cicero Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	274	0	0	0	0	282
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	274	0	0	0	0	282

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	1	0	0	0	1
Black	118	0	0	0	118
Hawaiian/Pacific Isl.	0	0	0	0	0
White	117	0	0	0	117
Race Unknown	1	0	0	0	1
Total	241	0	0	0	241

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	41	0	0	0	41
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	64.00
Certified Aides	90.00
Other Health Staff	28.00
Non-Health Staff	82.00
Totals	280.00

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
9.8%	87.1%	0.0%	3.1%	0.0%	100.0%		
1,621,194	14,476,581	0	512,042	7,832	16,617,649	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Claridge Healthcare Center
700 Jenkisson Ave.
Lake Bluff, IL. 60044

Reference Numbers

Facility ID	6005144	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
R. Scott O'Brien

Contact Person and Telephone
R. Scott O'Brien
847-295-3900

Registered Agent Information
Choon Chi
325 N. Wells St. 9th Floor
Chicago, IL 60654

Date Questionnaire Completed 4/12/2018

Life Care Facility

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	87
Total Admissions 2017	71
Total Discharges 2017	52
Residents on 12/31/2017	106

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	38
Developmental Disability	0
Circulatory System	23
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	106

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	231	223	107	223	106	125	160	231
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	231	223	107	223	106	125	160	231

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3167	5.4%	28271	33.5%	0	0	2335	0	33773	40.1%	41.5%
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%
TOTALS	3167	5.4%	28271	33.5%	0	0	2335	0	33773	40.1%	41.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	2	0	0	0	0	0	0	2	2	4
65 to 74	12	10	0	0	0	0	0	0	12	10	22
75 to 84	5	17	0	0	0	0	0	0	5	17	22
85+	17	38	0	0	0	0	0	0	17	38	55
TOTALS	38	68	0	0	0	0	0	0	38	68	106

Claridge Healthcare Center
700 Jenkisson Ave.
Lake Bluff, IL. 60044

Classification Numbers

Facility ID	6005144	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

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	87	0	0	9	0	106
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	87	0	0	9	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	35	0	0	0	35
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	106	0	0	0	106

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	3.00
Certified Aides	24.00
Other Health Staff	2.00
Non-Health Staff	30.00
Totals	70.00

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
23.8%	69.9%	0.0%	0.0%	6.3%	100.0%		
1,401,293	4,115,778	0	0	371,860	5,888,931	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Clark Manor Convalescent
7433 North Clark Street
Chicago, IL. 60626

Reference Numbers

Facility ID	6001796	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

Administrator
Michael Kaplan

Contact Person and Telephone
Michael Kaplan
773-338-6776

Registered Agent Information
Daniel Garden
3450 Oakton Street
Skokie, IL 60067

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	227
Total Admissions 2017	132
Total Discharges 2017	131
Residents on 12/31/2017	228

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	32
Blood Disorders	1
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	1
Circulatory System	108
Respiratory System	46
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	6
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	228

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	267	254	0	254	228	39	61	267
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	267	254	0	254	228	39	61	267

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4825	21.7%	74677	76.6%	220	311	1152	0	81185	83.3%	87.6%
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%
TOTALS	4825	21.7%	74677	76.6%	220	311	1152	0	81185	83.3%	87.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	2	0	0	0	0	0	0	4	2	6
45 to 59	27	25	0	0	0	0	0	0	27	25	52
60 to 64	37	20	0	0	0	0	0	0	37	20	57
65 to 74	44	23	0	0	0	0	0	0	44	23	67
75 to 84	22	16	0	0	0	0	0	0	22	16	38
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	137	91	0	0	0	0	0	0	137	91	228

Clark Manor Convalescent
7433 North Clark Street
Chicago, IL. 60626

Classification Numbers

Facility ID	6001796	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	207	6	0	0	2	228
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	207	6	0	0	2	228

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	86	0	0	0	86
Hawaiian/Pacific Isl.	0	0	0	0	0
White	132	0	0	0	132
Race Unknown	4	0	0	0	4
Total	228	0	0	0	228

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	18	0	0	0	18
Non-Hispanic	208	0	0	0	208
Ethnicity Unknown	2	0	0	0	2
Total	228	0	0	0	228

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	19.50
Certified Aides	77.00
Other Health Staff	42.00
Non-Health Staff	39.00
Totals	199.50

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
16.7%	78.8%	2.1%	1.0%	1.4%	100.0%		
2,647,828	12,456,566	334,726	158,471	219,750	15,817,341	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

8/30/2016 Change of Ownership occurred.

Clark-Lindsey Village, Inc.
101 West Windsor Road
Urbana, IL. 61802

Reference Numbers

Facility ID	6001804	
Health Service Area	004	
Planning Service Area	019	Champaign
County	019	Champaign County

Administrator
Rikki Brady

Contact Person and Telephone
Tim Mast
217-344-2144

Registered Agent Information
David Hood
2507 South Neil Street
Champaign, IL 61820

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	77
Total Admissions 2017	509
Total Discharges 2017	496
Residents on 12/31/2017	90

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	20
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	30
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	90

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	95	95	79	95	77	18	25	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	19	19	16	19	13	6		
TOTAL BEDS	114	114	95	114	90	24	25	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3028	33.2%	0	0.0%	0	4657	16910	365	24960	72.0%	72.0%
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	4644	0	4644	67.0%	67.0%
TOTALS	3028	33.2%	0	0.0%	0	4657	21554	365	29604	71.1%	71.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	2	15	0	0	0	0	0	2	2	17	19
85+	12	43	0	0	0	0	3	8	15	51	66
TOTALS	16	61	0	0	0	0	3	10	19	71	90

Clark-Lindsey Village, Inc.
101 West Windsor Road
Urbana, IL. 61802

Classification Numbers

Facility ID	6001804	
Health Service Area	004	
Planning Service Area	019	Champaign
County	019	Champaign County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	0	0	11	55	1	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	13	0	13
TOTALS	10	0	0	11	68	1	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	13	90
Race Unknown	0	0	0	0	0
Total	77	0	0	13	90

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	13	90
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	13	90

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.37
LPN's	6.07
Certified Aides	49.78
Other Health Staff	11.85
Non-Health Staff	91.54
Totals	179.61

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
11.2%	0.0%	0.0%	22.4%	66.5%	100.0%		
1,287,337	0	0	2,570,328	7,641,615	11,499,280	56,605	0.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Clayberg, The
625 E Monroe St
Cuba, IL. 61427

Reference Numbers

Facility ID	6001838	
Health Service Area	002	
Planning Service Area	057	Fulton
County	057	Fulton County

Administrator
Marcos A. Perez II

Contact Person and Telephone
Marcos A. Perez II, LNHA
309-785-5012, Ext. 107

Registered Agent Information
Robert Bucher
100 N Main St
Lewistown, IL 61542

Date Questionnaire Completed 5/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	44
Total Admissions 2017	23
Total Discharges 2017	24
Residents on 12/31/2017	43

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	12
Developmental Disability	0
Circulatory System	10
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	43

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	49	49	49	43	6	0	49
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	49	49	49	49	43	6	0	49

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	971	0.0%	10619	59.4%	0	0	5463	0	17053	95.3%	95.3%
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%
TOTALS	971	0.0%	10619	59.4%	0	0	5463	0	17053	95.3%	95.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	2	22	0	0	0	0	0	0	2	22	24
TOTALS	12	31	0	0	0	0	0	0	12	31	43

Clayberg, The
625 E Monroe St
Cuba, IL. 61427

Classification Numbers

Facility ID	6001838	
Health Service Area	002	
Planning Service Area	057	Fulton
County	057	Fulton County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	27	0	0	14	0	43
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	27	0	0	14	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	43	0	0	0	43
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	0	43

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.20
LPN's	6.50
Certified Aides	22.48
Other Health Staff	0.00
Non-Health Staff	23.91
Totals	59.09

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
18.1%	40.4%	0.0%	0.0%	41.5%	100.0%		
474,213	1,059,242	0	0	1,090,034	2,623,489	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Clayton Residential Home
2026 N. Clark Street
Chicago, IL. 60614

Reference Numbers

Facility ID	6001846	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 7 - Lincoln Park

Administrator
Jessica Lyke

Contact Person and Telephone
Richard Duros
847-441-8200

Registered Agent Information
Gary Weintraub
465 Central Avenue Suite 100
Northfield, IL 60093

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	208
Total Admissions 2017	123
Total Discharges 2017	118
Residents on 12/31/2017	213

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	213
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
TOTALS	213

Total Residents Diagnosed as Mentally Ill 213

Total Residents Reported as Identified Offenders 37

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	232	232	222	232	213	19	0	0
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	232	232	222	232	213	19	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	76407	0.0%	0	0	252	0	76659	90.5%	90.5%
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%
TOTALS	0	0.0%	76407	0.0%	0	0	252	0	76659	90.5%	90.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	45	22	0	0	0	0	0	0	45	22	67
45 to 59	61	23	0	0	0	0	0	0	61	23	84
60 to 64	15	16	0	0	0	0	0	0	15	16	31
65 to 74	15	10	0	0	0	0	0	0	15	10	25
75 to 84	5	1	0	0	0	0	0	0	5	1	6
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	141	72	0	0	0	0	0	0	141	72	213

Clayton Residential Home
2026 N. Clark Street
Chicago, IL. 60614

Classification Numbers

Facility ID	6001846	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 7 - Lincoln Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	212	0	0	1	0	213
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	212	0	0	1	0	213

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	0	0	0	0	0
Black	73	0	0	0	73
Hawaiian/Pacific Isl.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	0	0	0	0	0
Total	198	0	0	0	198

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	198	0	0	0	198
Ethnicity Unknown	0	0	0	0	0
Total	213	0	0	0	213

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	12.00
Certified Aides	22.00
Other Health Staff	52.00
Non-Health Staff	30.00
Totals	120.00

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
0.0%	98.6%	0.0%	0.0%	1.4%	100.0%		
0	9,592,067	0	0	137,252	9,729,319	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Clearbrook Center
3201 West Campbell Street
Rolling Meadows, IL. 60008

Reference Numbers

Facility ID	6001853	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Palatine Township

Administrator
DeeDella Prochaska

Contact Person and Telephone
DeeDella Prochaska
847-255-0120 X118

Registered Agent Information
Anthony Di Vittorio
1835 West Central Road
Arlington Heights, IL 60005

Date Questionnaire Completed 3/21/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	77
Total Admissions 2017	9
Total Discharges 2017	5
Residents on 12/31/2017	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	81
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
TOTALS	81

Total Residents Diagnosed as Mentally Ill 33

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	85	85	82	85	77	8		85
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	85	85	82	85	77	8	0	85

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			28865	93.0%	0	0	339	0	29204	94.1%	94.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	28865	93.0%	0	0	339	0	29204	94.1%	94.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	11	0	0	0	11	11
18 to 44	0	0	0	0	6	16	0	0	6	16	22
45 to 59	0	0	0	0	28	4	0	0	28	4	32
60 to 64	0	0	0	0	4	7	0	0	4	7	11
65 to 74	0	0	0	0	2	3	0	0	2	3	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
TOTALS	0	0	0	0	40	41	0	0	40	41	81

Clearbrook Center
3201 West Campbell Street
Rolling Meadows, IL. 60008

Classification Numbers

Facility ID	6001853	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Palatine Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		80	0	0	1	0	81
Sheltered Care			0	0	0	0	0
TOTALS	0	80	0	0	1	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	8	0	8
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	72	0	72
Race Unknown	0	0	0	0	0
Total	0	0	81	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	7	0	7
Non-Hispanic	0	0	71	0	71
Ethnicity Unknown	0	0	3	0	3
Total	0	0	81	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.25
Director of Nursing	1.00
Registered Nurses	4.60
LPN's	6.80
Certified Aides	47.80
Other Health Staff	5.00
Non-Health Staff	12.50
Totals	78.95

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
0.0%	0.0%	98.7%	0.0%	1.3%	100.0%		
0	0	4,344,782	0	55,889	4,400,671	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Clearbrook East
3802 Wilke Road
Rolling Meadows, IL. 60008

Reference Numbers

Facility ID	6010508	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Palatine Township

Administrator
Karen Jones

Contact Person and Telephone
Karen Jones
847-870-0745

Registered Agent Information
Tony DiVittorio
1835 W. Central
Arlington Heights, IL 60005

Date Questionnaire Completed 3/23/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	3
Total Discharges 2017	4
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	2	0	0	0	2	2
45 to 59	0	0	0	0	0	4	0	0	0	4	4
60 to 64	0	0	0	0	0	4	0	0	0	4	4
65 to 74	0	0	0	0	0	4	0	0	0	4	4
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
TOTALS	0	0	0	0	0	15	0	0	0	15	15

Clearbrook East
3802 Wilke Road
Rolling Meadows, IL. 60008

Classification Numbers

Facility ID	6010508	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Palatine Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	1	0	1

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	6.90
Other Health Staff	0.00
Non-Health Staff	3.50
Totals	11.40

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%	0.0%	82.8%	0.0%	17.2%	100.0%		
0	0	692,315	0	144,223	836,538	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Clearbrook West
3980 Fairfax
Rolling Meadows, IL. 60008

Reference Numbers

Facility ID	6010516	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Palatine Township

Administrator
Karen Jones

Contact Person and Telephone
Karen Jones
847-870-0745

Registered Agent Information
Tony DiVittorio
1835 W. Central
Arlington Heights, IL 60005

Date Questionnaire Completed 3/22/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	2
Total Discharges 2017	3
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	0	0	0	6	0	6
45 to 59	0	0	0	0	6	0	0	0	6	0	6
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	15	0	0	0	15	0	15

Clearbrook West
3980 Fairfax
Rolling Meadows, IL. 60008

Classification Numbers

Facility ID	6010516	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Palatine Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	2	0	2

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	9.80
Other Health Staff	0.00
Non-Health Staff	3.50
Totals	14.30

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%	0.0%	98.1%	0.0%	1.9%	100.0%		
0	0	765,381	0	14,838	780,219	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Clearbrook Wright Home
34377 N. Almond Rd.
Gurnee, IL. 60031

Reference Numbers

Facility ID	6013296	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Jessica Smart

Contact Person and Telephone
Nicolette Lahman
847-855-9450

Registered Agent Information
Tony DiVittorio
1835 W. Central Road
Arlington Heights, IL 60005

Date Questionnaire Completed 4/4/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	2	0	0	2	2	4
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	4	0	0	0	4	0	4
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	10	6	0	0	10	6	16

Clearbrook Wright Home
34377 N. Almond Rd.
Gurnee, IL. 60031

Classification Numbers

Facility ID	6013296	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.60
LPN's	0.00
Certified Aides	8.50
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	14.60

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
99.6%	0.0%	0.0%	0.0%	0.4%	100.0%		
911,265	0	0	0	3,405	914,670	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Clinton Manor Living Center
111 East Illinois Street
New Baden, IL. 62265

Reference Numbers

Facility ID	6016075	
Health Service Area	011	
Planning Service Area	027	Clinton
County	027	Clinton County

Administrator
Cheryl Smith

Contact Person and Telephone
Cheryl Smith
618-588-4924 ext. 100

Registered Agent Information
Herman Bodewes
1 West Old State Capitol Plaza Suite 600 Meyer Bldg
Springfield, IL 62705

Date Questionnaire Completed 4/12/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	50
Total Admissions 2017	7
Total Discharges 2017	9
Residents on 12/31/2017	48

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	49
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
TOTALS	49

Total Residents Diagnosed as Mentally Ill 36

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	51	51	51	51	48	3		51
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	51	51	51	51	48	3	0	51

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			17964	96.5%	0	0	0	0	17964	96.5%	96.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	17964	96.5%	0	0	0	0	17964	96.5%	96.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	8	10	0	0	8	10	18
45 to 59	0	0	0	0	9	6	0	0	9	6	15
60 to 64	0	0	0	0	4	5	0	0	4	5	9
65 to 74	0	0	0	0	0	4	0	0	0	4	4
75 to 84	0	0	0	0	2	0	0	0	2	0	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	23	25	0	0	23	25	48

Clinton Manor Living Center
111 East Illinois Street
New Baden, IL. 62265

Classification Numbers

Facility ID	6016075	
Health Service Area	011	
Planning Service Area	027	Clinton
County	027	Clinton County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		49	0	0	0	0	49
Sheltered Care			0	0	0	0	0
TOTALS	0	49	0	0	0	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	9	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	40	0	40
Race Unknown	0	0	0	0	0
Total	0	0	49	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	49	0	49
Ethnicity Unknown	0	0	0	0	0
Total	0	0	49	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.20
LPN's	4.90
Certified Aides	43.00
Other Health Staff	5.00
Non-Health Staff	26.80
Totals	84.90

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	6,285,981	0	0	0	6,285,981	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Clinton Manor Living Center
111 East Illinois St.
New Baden, IL. 62265

Reference Numbers

Facility ID	6001887	
Health Service Area	011	
Planning Service Area	027	Clinton
County	027	Clinton County

Administrator
Cheryl Smith

Contact Person and Telephone
Cheryl Smith
618-588-4924 ext. 100

Registered Agent Information
Herman Bodewes
1 West Old State Capitol Plaza Suite 600 Meyer Bldg

Date Questionnaire Completed 4/12/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	32
Total Admissions 2017	28
Total Discharges 2017	32
Residents on 12/31/2017	28

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	10
Mental Illness	1
Developmental Disability	1
Circulatory System	3
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	28

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	39	39	39	39	28	11	35	39
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	39	39	39	39	28	11	35	39

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	750	5.9%	5775	40.6%	0	0	3951	0	10476	73.6%	73.6%
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%
TOTALS	750	5.9%	5775	40.6%	0	0	3951	0	10476	73.6%	73.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	0	8	0	0	0	0	0	0	0	8	8
TOTALS	5	23	0	0	0	0	0	0	5	23	28

Clinton Manor Living Center
111 East Illinois St.
New Baden, IL. 62265

Classification Numbers

Facility ID	6001887	
Health Service Area	011	
Planning Service Area	027	Clinton
County	027	Clinton County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	15	0	0	9	0	28
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	15	0	0	9	0	28

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	27	0	0	0	27
Race Unknown	0	0	0	0	0
Total	28	0	0	0	28

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	28	0	0	0	28
Ethnicity Unknown	0	0	0	0	0
Total	28	0	0	0	28

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.40
LPN's	6.30
Certified Aides	17.90
Other Health Staff	1.00
Non-Health Staff	26.80
Totals	63.40

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
16.5%	48.5%	0.0%	0.0%	35.0%	100.0%		
327,800	966,629	0	0	697,119	1,991,548	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Coleman House
6300 N. Ridge Ave
Chicago, IL. 60660

Reference Numbers

Facility ID	6016612	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Jessica Krugler

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave
Chicago, IL 60660

Date Questionnaire Completed 3/28/2018

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	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	10
Total Admissions 2017	3
Total Discharges 2017	1
Residents on 12/31/2017	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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
TOTALS	12

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4023	#Div/0!	0	0	0	0	4023	91.8%	91.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4023	0.0%	0	0	0	0	4023	91.8%	91.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	8	0	0	0	8	8
45 to 59	0	0	0	0	0	3	0	0	0	3	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	0	12	0	0	0	12	12

Coleman House
6300 N. Ridge Ave
Chicago, IL. 60660

Classification Numbers

Facility ID	6016612	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.36
Physicians	0.09
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	15.56
Other Health Staff	3.74
Non-Health Staff	0.23
Totals	20.48

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
0.0%	86.8%	0.0%	0.0%	13.2%	100.0%		
0	560,693	0	0	85,007	645,700	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Collins Square
145 S Croswell Street
Bradley, IL. 60915

Reference Numbers

Facility ID	6001911	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
John Mirecki

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	9
Total Admissions 2017	7
Total Discharges 2017	1
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	7	0	0	3	7	10
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	1	1	0	0	1	1	2
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
TOTALS	0	0	0	0	6	9	0	0	6	9	15

Collins Square
145 S Croswell Street
Bradley, IL. 60915

Classification Numbers

Facility ID	6001911	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	1	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	1	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	83.6%	2.9%	0.0%	13.5%	100.0%		
0	368,688	12,641	0	59,654	440,983	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Collinsville RHCC
614 N Summit
Collinsville, IL. 62234

Reference Numbers

Facility ID	6007496	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
LaWanna Kiefer

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/19/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	73
Total Admissions 2017	70
Total Discharges 2017	72
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	18
Mental Illness	27
Developmental Disability	0
Circulatory System	13
Respiratory System	0
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	71

Total Residents Diagnosed as Mentally Ill 35

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	73	98	71	27	94	94
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	98	98	73	98	71	27	94	94

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	918	2.7%	23577	68.7%	0	89	180	0	24764	69.2%	69.2%
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%
TOTALS	918	2.7%	23577	68.7%	0	89	180	0	24764	69.2%	69.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	3	0	0	0	0	0	0	5	3	8
45 to 59	7	11	0	0	0	0	0	0	7	11	18
60 to 64	8	4	0	0	0	0	0	0	8	4	12
65 to 74	9	8	0	0	0	0	0	0	9	8	17
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	4	6	0	0	0	0	0	0	4	6	10
TOTALS	35	36	0	0	0	0	0	0	35	36	71

Collinsville RHCC
614 N Summit
Collinsville, IL. 62234

Classification Numbers

Facility ID	6007496	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	56	0	0	12	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	56	0	0	12	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	28	0	0	0	28
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	15.00
Totals	49.00

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
4.3%	91.4%	0.0%	1.2%	3.2%	100.0%		
138,345	2,937,652	0	38,020	101,602	3,215,619	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COLONIAL APARTMENTS
920 WEST FOURTH
Centralia, IL. 62801

Reference Numbers

Facility ID	6001937	
Health Service Area	011	
Planning Service Area	027	Clinton
County	027	Clinton County

Administrator
Georgia Miller

Contact Person and Telephone
Cristy Bixler
618-548-0353

Registered Agent Information
Marvin Miller
623 East Broadway
Centralia, IL 62801

Date Questionnaire Completed 4/27/2018

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	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	0
Total Discharges 2017	2
Residents on 12/31/2017	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	13	3	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			478566	######	0	0	118179	0	596745	10218.2%	10218.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	478566	######	0	0	118179	0	596745	10218.2%	10218.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	8	7	0	0	8	7	15

COLONIAL APARTMENTS
920 WEST FOURTH
Centralia, IL. 62801

Classification Numbers

Facility ID	6001937	
Health Service Area	011	
Planning Service Area	027	Clinton
County	027	Clinton County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	15	0	15
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	1.00
Certified Aides	10.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	14.00

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
0.0%	80.2%	0.0%	0.0%	19.8%	100.0%		
0	478,566	0	0	118,179	596,745	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Colonial Manor
620 Warrington Avenue
Danville, IL. 61832

Reference Numbers

Facility ID	6001952	
Health Service Area	004	
Planning Service Area	183	Vermilion
County	183	Vermilion County

Administrator
Marsha R. Lock

Contact Person and Telephone
Marsha Lock
217-446-0660

Registered Agent Information
Ben Hart
115 W. Jefferson St., Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/12/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	72
Total Admissions 2017	244
Total Discharges 2017	256
Residents on 12/31/2017	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	3
Mental Illness	12
Developmental Disability	0
Circulatory System	17
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	90	76	88	60	30	83	83
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	90	90	76	88	60	30	83	83

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3257	10.8%	11639	38.4%	0	0	8867	0	23763	72.3%	72.3%
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%
TOTALS	3257	10.8%	11639	38.4%	0	0	8867	0	23763	72.3%	72.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	0	3	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	5	32	0	0	0	0	0	0	5	32	37
TOTALS	14	46	0	0	0	0	0	0	14	46	60

Colonial Manor
620 Warrington Avenue
Danville, IL. 61832

Classification Numbers

Facility ID	6001952	
Health Service Area	004	
Planning Service Area	183	Vermilion
County	183	Vermilion County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	22	0	0	32	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	22	0	0	32	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	16.90
LPN's	8.90
Certified Aides	38.40
Other Health Staff	19.80
Non-Health Staff	18.50
Totals	104.60

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
27.6%	28.0%	0.0%	0.0%	44.4%	100.0%		
1,684,317	1,706,278	0	0	2,702,415	6,093,010	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COLUMBUS MANOR RES CARE HOME
5107 W JACKSON BLVD
Chicago, IL. 60644

Reference Numbers

Facility ID	6001994	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 25 - Austin

Administrator
NARAD PERSADSINGH

Contact Person and Telephone
NARAD PERSADSINGH
773-378-5490

Registered Agent Information
SID AHMED
1440 MAPLE AVE
Lisle, IL 60532

Date Questionnaire Completed 4/6/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	131
Total Admissions 2017	95
Total Discharges 2017	102
Residents on 12/31/2017	124

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	124
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
TOTALS	124

Total Residents Diagnosed as Mentally Ill 124

Total Residents Reported as Identified Offenders 42

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	189	189	144	189	124	65	0	189
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	144	189	124	65	0	189

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	49270	71.4%	0	0	0	0	49270	71.4%	71.4%
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%
TOTALS	0	0.0%	49270	71.4%	0	0	0	0	49270	71.4%	71.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	31	7	0	0	0	0	0	0	31	7	38
45 to 59	37	14	0	0	0	0	0	0	37	14	51
60 to 64	10	5	0	0	0	0	0	0	10	5	15
65 to 74	11	9	0	0	0	0	0	0	11	9	20
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
TOTALS	89	35	0	0	0	0	0	0	89	35	124

COLUMBUS MANOR RES CARE HOME
5107 W JACKSON BLVD
Chicago, IL. 60644

Classification Numbers

Facility ID	6001994	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 25 - Austin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	124	0	0	0	0	124
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	124	0	0	0	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	78	0	0	0	78
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	124	0	0	0	124

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	11	0	0	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	8.00
Certified Aides	23.00
Other Health Staff	8.00
Non-Health Staff	26.00
Totals	73.00

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
0.0%	71.7%	28.3%	0.0%	0.0%	100.0%		
0	2,916,873	1,154,090	0	0	4,070,963	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COMMUNITY CARE CENTER
4314 SOUTH WABASH AVENUE
Chicago, IL. 60649

Reference Numbers

Facility ID	6002026	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 77 - Edgewater

Administrator
Kevin Hines

Contact Person and Telephone
Kevin Hines
773-538-8300

Registered Agent Information
Tom Hein
1S443 Summit Avenue Suite 204 A&B
Oakbrook Terrace, IL 60181

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	177
Total Admissions 2017	121
Total Discharges 2017	141
Residents on 12/31/2017	157

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	4
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	29
Developmental Disability	2
Circulatory System	52
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	45
Non-Medical Conditions	0
TOTALS	157

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	204	204	177	204	157	47	0	174
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	204	204	177	204	157	47	0	174

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1146	0.0%	56979	89.7%	0	0	365	0	58490	78.6%	78.6%
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%
TOTALS	1146	0.0%	56979	89.7%	0	0	365	0	58490	78.6%	78.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	5	0	0	0	0	0	0	0	5	5
18 to 44	8	11	0	0	0	0	0	0	8	11	19
45 to 59	32	9	0	0	0	0	0	0	32	9	41
60 to 64	27	12	0	0	0	0	0	0	27	12	39
65 to 74	26	8	0	0	0	0	0	0	26	8	34
75 to 84	11	6	0	0	0	0	0	0	11	6	17
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	106	57	0	0	0	0	0	0	106	57	163

COMMUNITY CARE CENTER
4314 SOUTH WABASH AVENUE
Chicago, IL. 60649

Classification Numbers

Facility ID	6002026	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 77 - Edgewater

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	146	8	0	1	0	157
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	146	8	0	1	0	157

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	119	0	0	0	119
Hawaiian/Pacific Isl.	3	0	0	0	3
White	28	0	0	0	28
Race Unknown	6	0	0	0	6
Total	157	0	0	0	157

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	151	0	0	0	151
Ethnicity Unknown	0	0	0	0	0
Total	157	0	0	0	157

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.30
Physicians	0.00
Director of Nursing	1.20
Registered Nurses	11.60
LPN's	18.40
Certified Aides	36.80
Other Health Staff	8.00
Non-Health Staff	54.50
Totals	131.80

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
12.7%	86.3%	0.0%	0.5%	0.5%	100.0%		
1,132,837	7,716,930	0	48,614	47,450	8,945,831	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COMMUNITY FIRST MEDICAL CENTER
5645 West Addison Street
Chicago, IL. 60634

Reference Numbers

Facility ID	6004931	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 15 - Portage Park

Administrator
Sheila Senn

Contact Person and Telephone
Emerita Burgess
773-794-8355

Registered Agent Information
Edward J. Green
321 N. Clark St., Ste 2800
Chicago, IL 60654

Date Questionnaire Completed 5/14/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	35
Total Admissions 2017	960
Total Discharges 2017	953
Residents on 12/31/2017	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	6
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	66	62	52	62	42	24	66	0
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	66	62	52	62	42	24	66	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13669	56.7%	0	0.0%	0	446	0	644	14759	61.3%	65.2%
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%
TOTALS	13669	56.7%	0	0.0%	0	446	0	644	14759	61.3%	65.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	2	0	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	1	13	0	0	0	0	0	0	1	13	14
85+	4	7	0	0	0	0	0	0	4	7	11
TOTALS	12	30	0	0	0	0	0	0	12	30	42

COMMUNITY FIRST MEDICAL CENTER
5645 West Addison Street
Chicago, IL. 60634

Classification Numbers

Facility ID	6004931	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 15 - Portage Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	37	0	0	2	0	3	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	37	0	0	2	0	3	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	6	0	0	0	6
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	38	0	0	0	38
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	21.80
LPN's	1.00
Certified Aides	18.70
Other Health Staff	24.43
Non-Health Staff	8.79
Totals	76.82

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
94.3%	0.0%	0.0%	5.7%	0.0%	100.0%		
6,444,673	0	0	388,733	0	6,833,406	236,481	3.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Concordia Village Care Center
4101 W. Iles Avenue
Springfield, IL. 62711

Reference Numbers

Facility ID	6016711	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Janelle Clark

Contact Person and Telephone
Janelle Clark
217-993-7069

Registered Agent Information
Jacque Bogner
4101 W. Iles Avenie
Springfield, IL 62711

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community
Life Care Facility

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	55
Total Admissions 2017	377
Total Discharges 2017	374
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	6
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	58

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	64	0	0	64	58	6	64	6
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	64	0	0	64	58	6	64	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2173	9.3%	335	15.3%	0	1697	17220	365	21790	93.3%	0.0%
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%
TOTALS	2173	9.3%	335	15.3%	0	1697	17220	365	21790	93.3%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	6	6	0	0	0	0	0	0	6	6	12
85+	11	33	0	0	0	0	0	0	11	33	44
TOTALS	18	40	0	0	0	0	0	0	18	40	58

Concordia Village Care Center
4101 W. Iles Avenue
Springfield, IL. 62711

Classification Numbers

Facility ID	6016711	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	1	0	4	45	0	58
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	1	0	4	45	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	12.00
Certified Aides	34.00
Other Health Staff	32.00
Non-Health Staff	
Totals	

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
15.4%	0.7%	0.0%	11.2%	72.7%	100.0%		
1,102,673	50,331	0	805,259	5,219,429	7,177,692	60,870	0.8%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Connelly Home
6300 N. Ridge Ave.
Chicago, IL. 60660

Reference Numbers

Facility ID	6016364	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Ashley Hespen

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Date Questionnaire Completed 3/26/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	1
Total Discharges 2017	2
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5428	92.9%	0	0	365	0	5793	99.2%	99.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5428	92.9%	0	0	365	0	5793	99.2%	99.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	8	6	0	0	8	6	14
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	9	6	0	0	9	6	15

Connelly Home
6300 N. Ridge Ave.
Chicago, IL. 60660

Classification Numbers

Facility ID	6016364	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	1	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	1	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.05
Director of Nursing	0.13
Registered Nurses	2.03
LPN's	0.53
Certified Aides	16.05
Other Health Staff	4.42
Non-Health Staff	3.37
Totals	26.83

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%	87.2%	0.0%	0.0%	12.8%	100.0%		
0	896,080	0	0	131,859	1,027,939	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Conrad House
6300 N. Ridge Ave
Chicago, IL. 60660

Reference Numbers

Facility ID	6016620	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Jessica Krugler

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave
Chicago, IL 60660

Date Questionnaire Completed 3/28/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	3
Total Discharges 2017	3
Residents on 12/31/2017	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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
TOTALS	12

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4301	#Div/0!	0	0	0	0	4301	98.2%	98.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4301	0.0%	0	0	0	0	4301	98.2%	98.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	11	0	0	0	11	0	11
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	12	0	0	0	12	0	12

Conrad House
6300 N. Ridge Ave
Chicago, IL. 60660

Classification Numbers

Facility ID	6016620	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.36
Physicians	0.09
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	9.99
Other Health Staff	3.74
Non-Health Staff	0.23
Totals	14.91

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%	86.8%	0.0%	0.0%	13.2%	100.0%		
0	644,188	0	0	97,666	741,854	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Continental Nursing and Rehabilitation Center
5336 N Western Ave
Chicago , IL. 60625

Reference Numbers

Facility ID	6002075	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 4 - Lincoln Square

Administrator
Dino Varnavas

Contact Person and Telephone
Dino Varnavas
773-271-560 x 118

Registered Agent Information
Attorney Michelle Bush
240 Fencil Lane
Hillside, IL 60162

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	126
Total Admissions 2017	140
Total Discharges 2017	149
Residents on 12/31/2017	117

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	2
Mental Illness	8
Developmental Disability	0
Circulatory System	24
Respiratory System	15
Digestive System	4
Genitourinary System Disorders	20
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	117

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 19

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	208	208	0	208	117	91	208	208
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	208	208	0	208	117	91	208	208

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3430	4.5%	37197	49.0%	1120	1282	79	0	43108	56.8%	56.8%
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%
TOTALS	3430	4.5%	37197	49.0%	1120	1282	79	0	43108	56.8%	56.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	2	0	0	0	0	0	0	5	2	7
45 to 59	20	11	0	0	0	0	0	0	20	11	31
60 to 64	13	8	0	0	0	0	0	0	13	8	21
65 to 74	20	13	0	0	0	0	0	0	20	13	33
75 to 84	11	7	0	0	0	0	0	0	11	7	18
85+	3	4	0	0	0	0	0	0	3	4	7
TOTALS	72	45	0	0	0	0	0	0	72	45	117

Continental Nursing and Rehabilitation Center
5336 N Western Ave
Chicago , IL. 60625

Classification Numbers

Facility ID	6002075	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 4 - Lincoln Square

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	109	0	0	1	0	117
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	109	0	0	1	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	0	0	0	0	0
Black	50	0	0	0	50
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	117	0	0	0	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	20	0	0	0	20
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	19.00
Certified Aides	38.00
Other Health Staff	25.00
Non-Health Staff	20.00
Totals	121.20

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
21.6%	73.5%	0.0%	4.7%	0.2%	100.0%		
1,974,310	6,725,697	0	434,303	14,066	9,148,376	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Cornerstone Rehabilitation & Health Care Center
5533 N. Galena Road
Peoria Heights, IL. 61616

Reference Numbers

Facility ID	6003420	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

Administrator
Benny J. Perkins

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 2/28/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	56
Total Admissions 2017	43
Total Discharges 2017	57
Residents on 12/31/2017	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	1
Circulatory System	2
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	5
Other Medical Conditions	7
Non-Medical Conditions	1
TOTALS	42

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	94	94	54	94	42	52	94	94
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	4	0	0	0	0	4		
TOTAL BEDS	98	94	54	94	42	56	94	94

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1456	4.2%	13446	39.2%	0	60	2815	0	17777	51.8%	51.8%
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%
TOTALS	1456	4.2%	13446	39.2%	0	60	2815	0	17777	49.7%	51.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	4	6	0	0	0	0	0	0	4	6	10
85+	2	17	0	0	0	0	0	0	2	17	19
TOTALS	10	32	0	0	0	0	0	0	10	32	42

Cornerstone Rehabilitation & Health Care Center
5533 N. Galena Road
Peoria Heights, IL. 61616

Classification Numbers

Facility ID	6003420	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	35	1	0	5	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	35	1	0	5	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	4.00
Certified Aides	8.00
Other Health Staff	1.00
Non-Health Staff	24.00
Totals	42.00

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
6.8%	68.6%	0.0%	2.1%	22.5%	100.0%		
184,191	1,851,069	0	56,519	606,122	2,697,901	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Coulterville Rehabilitation & Health Care Center
13138 State Route 13
Coulterville, IL. 62237

Reference Numbers

Facility ID	6015200	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

Administrator
Whitney Oberlink

Contact Person and Telephone
Whitney Oberlink
618-758-2256

Registered Agent Information
Dan Maher
412 E. Lawrence Ave.
Springfield, IL 62703

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	70
Total Admissions 2017	79
Total Discharges 2017	84
Residents on 12/31/2017	65

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	7
Developmental Disability	0
Circulatory System	10
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	7
TOTALS	65

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	75	71	71	71	65	10	75	75
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	75	71	71	71	65	10	75	75

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3463	12.7%	11824	43.2%	0	402	8461	0	24150	88.2%	93.2%
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%
TOTALS	3463	12.7%	11824	43.2%	0	402	8461	0	24150	88.2%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	2	9	0	0	0	0	0	0	2	9	11
75 to 84	3	15	0	0	0	0	0	0	3	15	18
85+	5	26	0	0	0	0	0	0	5	26	31
TOTALS	13	52	0	0	0	0	0	0	13	52	65

Coulterville Rehabilitation & Health Care Center
13138 State Route 13
Coulterville, IL. 62237

Classification Numbers

Facility ID	6015200	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	34	0	2	17	0	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	34	0	2	17	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	8.00
Certified Aides	30.00
Other Health Staff	16.00
Non-Health Staff	11.00
Totals	74.00

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
34.4%	34.1%	0.0%	3.2%	28.3%	100.0%		
1,611,795	1,598,682	0	149,137	1,328,846	4,688,460	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Country Club Terrace
4900 West 183rd Street
Country Club Hills, IL. 60478

Reference Numbers

Facility ID	6012868	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Rich Township

Administrator

Contact Person and Telephone

Registered Agent Information
Annette Skafgarrd
18350 Crossing Drive
Tinley Park, IL 60487

Date Questionnaire Completed 3/9/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	2
Total Discharges 2017	2
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5271	90.3%	0	0	0	0	5271	90.3%	90.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5271	90.3%	0	0	0	0	5271	90.3%	90.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	1	0	0	1	1	2
45 to 59	0	0	0	0	7	4	0	0	7	4	11
60 to 64	0	0	0	0	0	2	0	0	0	2	2
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
TOTALS	0	0	0	0	8	7	0	0	8	7	15

Country Club Terrace
4900 West 183rd Street
Country Club Hills, IL. 60478

Classification Numbers

Facility ID	6012868	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Rich Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	1.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	14.00

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Country Health Inc.
2304 CR 3000 N
Gifford, IL. 61847

Reference Numbers

Facility ID	6002141	
Health Service Area	004	
Planning Service Area	019	Champaign
County	019	Champaign County

Administrator
Jason Grill

Contact Person and Telephone
Jason Grill
217-568-7362

Registered Agent Information
Ben Hart
115 West Jefferson Street, Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/10/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	81
Total Admissions 2017	115
Total Discharges 2017	111
Residents on 12/31/2017	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	18
Alzheimer Disease	0
Mental Illness	16
Developmental Disability	0
Circulatory System	15
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	6
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 16

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	89	89	89	89	85	4	84	89
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	89	89	89	89	85	4	84	89

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2062	6.7%	10066	31.0%	0	0	18858	0	30986	95.4%	95.4%
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%
TOTALS	2062	6.7%	10066	31.0%	0	0	18858	0	30986	95.4%	95.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	10	13	0	0	0	0	0	0	10	13	23
85+	7	50	0	0	0	0	0	0	7	50	57
TOTALS	20	65	0	0	0	0	0	0	20	65	85

Country Health Inc.
2304 CR 3000 N
Gifford, IL. 61847

Classification Numbers

Facility ID	6002141	
Health Service Area	004	
Planning Service Area	019	Champaign
County	019	Champaign County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	29	0	3	48	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	29	0	3	48	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	11.00
Certified Aides	35.50
Other Health Staff	3.00
Non-Health Staff	26.50
Totals	88.00

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
16.7%	20.7%	0.0%	0.0%	62.6%	100.0%		
1,166,710	1,442,953	0	0	4,367,010	6,976,673	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Countryside Nursing & Rehab Center
1635 E. 154th Street
Dolton, IL. 60419

Reference Numbers

Facility ID	6002190	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

Administrator
Aasta James

Contact Person and Telephone
Aasta James
708-841-9550

Registered Agent Information

Date Questionnaire Completed 4/6/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	149
Total Admissions 2017	95
Total Discharges 2017	95
Residents on 12/31/2017	149

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	21
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	8
Mental Illness	23
Developmental Disability	0
Circulatory System	72
Respiratory System	17
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	149

Total Residents Diagnosed as Mentally Ill 97

Total Residents Reported as Identified Offenders 16

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	197	197	149	197	149	48	100	197
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	197	197	149	197	149	48	100	197

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3541	9.7%	56741	78.9%	0	0	256	0	60538	84.2%	84.2%
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%
TOTALS	3541	9.7%	56741	78.9%	0	0	256	0	60538	84.2%	84.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	31	9	0	0	0	0	0	0	31	9	40
60 to 64	21	19	0	0	0	0	0	0	21	19	40
65 to 74	30	18	0	0	0	0	0	0	30	18	48
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	3	4	0	0	0	0	0	0	3	4	7
TOTALS	89	60	0	0	0	0	0	0	89	60	149

Countryside Nursing & Rehab Center
1635 E. 154th Street
Dolton, IL. 60419

Classification Numbers

Facility ID	6002190	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	137	0	0	2	0	149
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	137	0	0	2	0	149

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	96	0	0	0	96
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	149	0	0	0	149

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	142	0	0	0	142
Ethnicity Unknown	0	0	0	0	0
Total	149	0	0	0	149

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	4.80
LPN's	17.80
Certified Aides	36.20
Other Health Staff	9.00
Non-Health Staff	39.30
Totals	111.10

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
13.3%	82.6%	0.0%	1.8%	2.3%	100.0%		
1,408,918	8,760,667	0	192,469	246,237	10,608,291	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COUNTRYVIEW CARE CENTER of Macomb
400 W GRANT ST
Macomb, IL. 61455

Reference Numbers

Facility ID	6005631	
Health Service Area	002	
Planning Service Area	109	McDonough
County	109	McDonough County

Administrator
ASHLEY EDMONDS

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/20/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	51
Total Admissions 2017	37
Total Discharges 2017	34
Residents on 12/31/2017	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	25
Developmental Disability	1
Circulatory System	7
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	54

Total Residents Diagnosed as Mentally Ill 48

Total Residents Reported as Identified Offenders 9

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	62	62	56	62	54	8	0	62
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	62	62	56	62	54	8	0	62

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	421	0.0%	17176	75.9%	0	9	1021	0	18627	82.3%	82.3%
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%
TOTALS	421	0.0%	17176	75.9%	0	9	1021	0	18627	82.3%	82.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	5	0	0	0	0	0	0	0	5	5
45 to 59	12	7	0	0	0	0	0	0	12	7	19
60 to 64	5	1	0	0	0	0	0	0	5	1	6
65 to 74	7	9	0	0	0	0	0	0	7	9	16
75 to 84	1	6	0	0	0	0	0	0	1	6	7
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	25	29	0	0	0	0	0	0	25	29	54

COUNTRYVIEW CARE CENTER of Macomb
400 W GRANT ST
Macomb, IL. 61455

Classification Numbers

Facility ID	6005631	
Health Service Area	002	
Planning Service Area	109	McDonough
County	109	McDonough County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	49	1	0	3	0	54
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	49	1	0	3	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	54	0	0	0	54

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	2.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	15.00
Totals	38.00

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
3.4%	91.3%	0.0%	0.0%	5.5%	100.3%		
76,342	2,027,070	0	-6,781	122,736	2,219,367	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Countryview Terrace
52 Old Route 45
Louisville, IL. 62858

Reference Numbers

Facility ID	6002158	
Health Service Area	005	
Planning Service Area	025	Clay
County	025	Clay County

Administrator
Holly Mesnard

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/19/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	8
Total Admissions 2017	3
Total Discharges 2017	0
Residents on 12/31/2017	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
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
TOTALS	11

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	16	16	12	16	11	5	0	0
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	16	16	12	16	11	5	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	3204	0.0%	0	0	0	0	3204	54.9%	54.9%
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%
TOTALS	0	0.0%	3204	54.9%	0	0	0	0	3204	54.9%	54.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0			0	0			
18 to 44	0	0	0	0	5		0	0	5		
45 to 59	0	0	0	0	1		0	0	1		
60 to 64		0	0	0	1	3	0	0		3	
65 to 74	0	0	0	0	1		0	0	1		
75 to 84	0	0	0	0			0	0			
85+	0	0	0	0			0	0			
TOTALS		0	0	0			0	0			

Countryview Terrace
52 Old Route 45
Louisville, IL. 62858

Classification Numbers

Facility ID	6002158	
Health Service Area	005	
Planning Service Area	025	Clay
County	025	Clay County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	13.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	322,967	0	0	0	322,967	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COURTYARD HEALTHCARE CENTER
3601 SOUTH HARLEM AVENUE
Berwyn, IL. 60402

Reference Numbers

Facility ID	6003008	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Berwyn Township

Administrator
Kesha LaGrone

Contact Person and Telephone
Kesha LaGrone
708-749-4160

Registered Agent Information

Date Questionnaire Completed 4/26/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	114
Total Admissions 2017	172
Total Discharges 2017	135
Residents on 12/31/2017	151

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
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
TOTALS	2

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	145	0	0	0	0	145	118	145
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	145	0	0	0	0	145	118	145

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12317	28.6%	70854	######	0	411	7384	0	90966	171.9%	0.0%
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%
TOTALS	12317	28.6%	70854	######	0	411	7384	0	90966	171.9%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	0	0	0	0	0	0	0	4	0	4
45 to 59	10	6	0	0	0	0	0	0	10	6	16
60 to 64	8	10	0	0	0	0	0	0	8	10	18
65 to 74	19	16	0	0	0	0	0	0	19	16	35
75 to 84	18	11	0	0	0	0	0	0	18	11	29
85+	7	11	0	0	0	0	0	0	7	11	18
TOTALS	66	54	0	0	0	0	0	0	66	54	120

COURTYARD HEALTHCARE CENTER
3601 SOUTH HARLEM AVENUE
Berwyn, IL. 60402

Classification Numbers

Facility ID	6003008	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Berwyn Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	56	21	0	1	2	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	56	21	0	1	2	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	36	0	0	0	36
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	31	0	0	0	31
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	31	0	0	0	31

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.52
LPN's	15.42
Certified Aides	36.10
Other Health Staff	5.97
Non-Health Staff	37.94
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
34.7%	58.5%	2.5%	1.0%	3.2%	100.0%		
3,640,629	6,133,317	261,646	104,355	338,446	10,478,393	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Covenant Enalbing Residences of Illinois
15841 Terrace Dr.
Oak Forest, IL. 60452

Reference Numbers

Facility ID	6013999	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

Administrator
Julie A. Smith

Contact Person and Telephone
Julie A. Smith
708-687-2038 Ext. 201

Registered Agent Information

Date Questionnaire Completed 4/12/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	3
Total Discharges 2017	3
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			15	0.3%	0	0	0	0	15	0.3%	0.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	15	0.3%	0	0	0	0	15	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	6	0	0	3	6	9
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	8	7	0	0	8	7	15

Covenant Enalbing Residences of Illinois
15841 Terrace Dr.
Oak Forest, IL. 60452

Classification Numbers

Facility ID	6013999	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	16.00
Other Health Staff	4.00
Non-Health Staff	0.00
Totals	23.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	848,502	0	0	0	848,502	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Covenant Health Care Center
831 N. Batavia Avenue
Batavia, IL. 60510

Reference Numbers

Facility ID	6002208	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Marya Jordan

Contact Person and Telephone
Anna-Lisa Whitson
630-879-4106

Registered Agent Information
Illinois Corp Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/13/2018

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	75
Total Admissions 2017	357
Total Discharges 2017	349
Residents on 12/31/2017	83

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	15
Developmental Disability	0
Circulatory System	18
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	16
Other Medical Conditions	7
Non-Medical Conditions	3
TOTALS	83

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	88	87	88	83	16	99	50
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	99	88	87	88	83	16	99	50

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4861	13.5%	3331	18.3%	0	2060	19513	0	29765	82.4%	92.7%
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%
TOTALS	4861	13.5%	3331	18.3%	0	2060	19513	0	29765	82.4%	92.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	2	0	0	0	0	0	0	4	2	6
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	17	44	0	0	0	0	0	0	17	44	61
TOTALS	26	57	0	0	0	0	0	0	26	57	83

Covenant Health Care Center
831 N. Batavia Avenue
Batavia, IL. 60510

Classification Numbers

Facility ID	6002208	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	7	0	5	59	0	83
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	7	0	5	59	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.58
LPN's	1.80
Certified Aides	31.88
Other Health Staff	3.25
Non-Health Staff	31.43
Totals	86.94

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
33.0%	3.5%	0.0%	3.1%	60.3%	100.0%		
3,251,716	346,586	0	310,103	5,939,584	9,847,989	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COVENANT HEALTH CARE CENTER-NORTHBRO
2155 Pfingsten Road
Northbrook, IL. 60062

Reference Numbers

Facility ID	6001093	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Northfield Township

Administrator
Charles Newton

Contact Person and Telephone
Charles Newton
847-412-7301

Registered Agent Information

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	82
Total Admissions 2017	322
Total Discharges 2017	327
Residents on 12/31/2017	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	13
Developmental Disability	0
Circulatory System	11
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	14
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 22

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	102	93	88	93	77	25	102	75
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	102	93	88	93	77	25	102	75

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5394	14.5%	5068	18.5%	0	1344	16780	0	28586	76.8%	84.2%
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%
TOTALS	5394	14.5%	5068	18.5%	0	1344	16780	0	28586	76.8%	84.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	16	47	0	0	0	0	0	0	16	47	63
TOTALS	22	55	0	0	0	0	0	0	22	55	77

COVENANT HEALTH CARE CENTER-NORTHBRO
2155 Pfingsten Road
Northbrook, IL. 60062

Classification Numbers

Facility ID	6001093	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Northfield Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	12	0	0	52	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	12	0	0	52	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.28
LPN's	3.91
Certified Aides	38.39
Other Health Staff	3.00
Non-Health Staff	35.11
Totals	98.69

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
38.3%	8.4%	0.0%	3.8%	49.5%	100.0%		
3,514,678	771,245	0	351,478	4,536,778	9,174,179	8,738	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Crawford Memorial Long Term Care
1000 N. Allen Street
Robinson, IL. 62454

Reference Numbers

Facility ID	6011209	
Health Service Area	005	
Planning Service Area	033	Crawford
County	033	Crawford County

Administrator
Sandra Burtron

Contact Person and Telephone
Sandra Burtron
618-546-2522

Registered Agent Information

Date Questionnaire Completed 4/9/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	97
Total Discharges 2017	94
Residents on 12/31/2017	19

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	38	35	25	35	19	19	35	35
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	38	35	25	35	19	19	35	35

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1640	12.8%	0	0.0%	0	93	5423	0	7156	51.6%	56.0%
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%
TOTALS	1640	12.8%	0	0.0%	0	93	5423	0	7156	51.6%	56.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	0	10	0	0	0	0	0	0	0	10	10
TOTALS	2	17	0	0	0	0	0	0	2	17	19

Crawford Memorial Long Term Care
1000 N. Allen Street
Robinson, IL. 62454

Classification Numbers

Facility ID	6011209	
Health Service Area	005	
Planning Service Area	033	Crawford
County	033	Crawford County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	0	0	0	11	0	19
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	0	0	0	11	0	19

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	19	0	0	0	19
Race Unknown	0	0	0	0	0
Total	19	0	0	0	19

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	19	0	0	0	19
Ethnicity Unknown	0	0	0	0	0
Total	19	0	0	0	19

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.10
LPN's	0.00
Certified Aides	11.70
Other Health Staff	0.90
Non-Health Staff	2.00
Totals	21.70

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
35.8%	0.0%	0.0%	6.0%	58.2%	100.0%		
409,894	0	0	68,624	665,419	1,143,937	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Crestwood Terrace Nursing Center
13301 S. Central
Crestwood, IL. 60418

Reference Numbers

Facility ID	6002273	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

Administrator
Mary Ellen McDevitt

Contact Person and Telephone
Mary Ellen McDevitt
708-597-5251

Registered Agent Information
Thomas Hein
1S443 Summit Ave Suite 204
Oakbrook Terrace, IL 60181

Date Questionnaire Completed 3/21/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	112
Total Admissions 2017	110
Total Discharges 2017	110
Residents on 12/31/2017	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	109
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	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 109

Total Residents Reported as Identified Offenders 29

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	126	126	126	126	112	14	0	126
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	126	126	126	126	112	14	0	126

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	43275	94.1%	0	0	274	0	43549	94.7%	94.7%
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%
TOTALS	0	0.0%	43275	94.1%	0	0	274	0	43549	94.7%	94.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	17	9	0	0	0	0	0	0	17	9	26
45 to 59	24	19	0	0	0	0	0	0	24	19	43
60 to 64	14	8	0	0	0	0	0	0	14	8	22
65 to 74	10	7	0	0	0	0	0	0	10	7	17
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	66	46	0	0	0	0	0	0	66	46	112

Crestwood Terrace Nursing Center
13301 S. Central
Crestwood, IL. 60418

Classification Numbers

Facility ID	6002273	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	110	0	0	2	0	112
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	110	0	0	2	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	55	0	0	0	55
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	7	0	0	0	7
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	105	0	0	0	105
Ethnicity Unknown	7	0	0	0	7
Total	112	0	0	0	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	8.60
Certified Aides	16.50
Other Health Staff	1.00
Non-Health Staff	44.00
Totals	72.10

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
0.0%	98.7%	0.0%	0.0%	1.3%	100.0%		
0	4,783,795	0	0	65,154	4,848,949	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Crossroads Care Center of Woodstock
309 Mchenry Ave
Woodstock, IL. 60098

Reference Numbers

Facility ID	6010136	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

Administrator
Aharon Adler

Contact Person and Telephone
Aharon Adler
815-338-1700

Registered Agent Information
Stephen N Sher
5750 Old Orchard Rd #420
Skokie, IL 60077

Date Questionnaire Completed 3/12/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	100
Total Admissions 2017	149
Total Discharges 2017	156
Residents on 12/31/2017	93

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	4
Circulatory System	38
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	93

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 7

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	115	102	115	93	22	115	115
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	115	115	102	115	93	22	115	115

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4699	11.2%	26512	63.2%	0	416	3015	0	34642	82.5%	82.5%
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%
TOTALS	4699	11.2%	26512	63.2%	0	416	3015	0	34642	82.5%	82.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	6	0	0	0	0	0	0	5	6	11
60 to 64	14	10	0	0	0	0	0	0	14	10	24
65 to 74	22	13	0	0	0	0	0	0	22	13	35
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	4	4	0	0	0	0	0	0	4	4	8
TOTALS	51	42	0	0	0	0	0	0	51	42	93

Crossroads Care Center of Woodstock
309 Mchenry Ave
Woodstock, IL. 60098

Classification Numbers

Facility ID	6010136	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	59	0	5	13	0	93
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	59	0	5	13	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	93	0	0	0	93

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	10.00
Certified Aides	21.00
Other Health Staff	2.00
Non-Health Staff	28.00
Totals	70.00

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
33.3%	57.2%	0.0%	2.4%	7.1%	100.0%		
2,629,199	4,522,853	0	193,213	560,110	7,905,375	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Crystal Pines Nursing and Rehabilitation
335 Illinois Street
Crystal Lake, IL. 60014

Reference Numbers

Facility ID	6002299	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

Administrator
Daniel Krug

Contact Person and Telephone
Daniel Krug
815-459-7791

Registered Agent Information

Date Questionnaire Completed 3/30/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	88
Total Admissions 2017	231
Total Discharges 2017	235
Residents on 12/31/2017	84

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	6
Mental Illness	11
Developmental Disability	0
Circulatory System	19
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	4
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	84

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	114	92	92	0	84	30	112	88
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	114	92	92	0	84	30	112	88

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5421	13.3%	21137	65.8%	0	0	4327	0	30885	74.2%	92.0%
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%
TOTALS	5421	13.3%	21137	65.8%	0	0	4327	0	30885	74.2%	92.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	5	0	0	0	0	0	0	0	5	5
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	12	18	0	0	0	0	0	0	12	18	30
85+	9	29	0	0	0	0	0	0	9	29	38
TOTALS	24	60	0	0	0	0	0	0	24	60	84

Crystal Pines Nursing and Rehabilitation
335 Illinois Street
Crystal Lake, IL. 60014

Classification Numbers

Facility ID	6002299	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	62	0	0	11	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	62	0	0	11	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	1	0	0	0	1

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	5.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	48.00

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
38.2%	43.2%	0.0%	6.0%	12.5%	100.0%		
3,034,318	3,431,169	0	478,410	995,737	7,939,634	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Cumberland Rehab. & Health Care Center
300 N. Marietta
Greenup, IL. 62428

Reference Numbers

Facility ID	6002307	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland
County	035	Cumberland County

Administrator
Rachel Green

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/5/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	42
Total Admissions 2017	22
Total Discharges 2017	25
Residents on 12/31/2017	39

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	12
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	0
Circulatory System	8
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	39

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	54	54	43	54	39	15	54	54
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	54	54	43	54	39	15	54	54

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1339	6.8%	5504	27.9%	0	84	7133	0	14060	71.3%	71.3%
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%
TOTALS	1339	6.8%	5504	27.9%	0	84	7133	0	14060	71.3%	71.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	5	22	0	0	0	0	0	0	5	22	27
TOTALS	9	30	0	0	0	0	0	0	9	30	39

Cumberland Rehab. & Health Care Center
300 N. Marietta
Greenup, IL. 62428

Classification Numbers

Facility ID	6002307	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland
County	035	Cumberland County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	17	0	0	19	0	39
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	17	0	0	19	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	39	0	0	0	39

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	39	0	0	0	39
Ethnicity Unknown	0	0	0	0	0
Total	39	0	0	0	39

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	46.00

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
11.9%	36.9%	0.0%	2.3%	49.0%	100.0%		
231,505	720,554	0	43,974	955,068	1,951,101	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Curtiss Court
2883 Taylor Ave.
Springfield, IL. 62703

Reference Numbers

Facility ID	6013197	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Glenn W. Miller

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	11
Total Admissions 2017	0
Total Discharges 2017	2
Residents on 12/31/2017	9

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	9
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
TOTALS	9

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	11	16	9	7		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	11	16	9	7	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			3679	63.0%	0	0	0	0	3679	63.0%	63.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3679	63.0%	0	0	0	0	3679	63.0%	63.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	3	0	0	2	3	5
45 to 59	0	0	0	0	1	3	0	0	1	3	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	3	6	0	0	3	6	9

Curtiss Court
2883 Taylor Ave.
Springfield, IL. 62703

Classification Numbers

Facility ID	6013197	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		9	0	0	0	0	9
Sheltered Care			0	0	0	0	0
TOTALS	0	9	0	0	0	0	9

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	8	0	8
Race Unknown	0	0	0	0	0
Total	0	0	9	0	9

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	9	0	9
Ethnicity Unknown	0	0	0	0	0
Total	0	0	9	0	9

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	81.4%	0.4%	0.0%	18.2%	100.0%		
0	402,896	2,107	0	90,064	495,067	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Dammert Geriatric Center
726 Community Dr.
Belleville, IL. 62223

Reference Numbers

Facility ID	6002349	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Barbara Prosser

Contact Person and Telephone
Jennifer Schwarte
618-394-6419

Registered Agent Information
Thomas O'Valle, OMI
National Shrine of Our Lady of the Snows
Belleville, IL 62223

Date Questionnaire Completed 4/13/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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	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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	72
Total Admissions 2017	55
Total Discharges 2017	46
Residents on 12/31/2017	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	37
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	81

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	57	57	57	57	51	6	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	38	38	38	38	30	8		
TOTAL BEDS	95	95	95	95	81	14	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	17246	730	17976	86.4%	86.4%
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	10363	0	10363	74.7%	74.7%
TOTALS	0	0.0%	0	0.0%	0	0	27609	730	28339	81.7%	81.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	2	0	2	0	2
75 to 84	3	0	0	0	0	0	2	0	5	0	5
85+	10	37	0	0	0	0	12	14	22	51	73
TOTALS	14	37	0	0	0	0	16	14	30	51	81

Dammert Geriatric Center
726 Community Dr.
Belleville, IL. 62223

Classification Numbers

Facility ID	6002349	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

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	49	2	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	30	0	30
TOTALS	0	0	0	0	79	2	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	1	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	29	80
Race Unknown	0	0	0	0	0
Total	51	0	0	30	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	51	0	0	30	81
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	30	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	9.00
Certified Aides	27.00
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	45.00

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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	5,418,541	5,418,541	144,349	2.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Danforth House
4540 S Michigan
Chicago, IL. 60653

Reference Numbers

Facility ID	6002356	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 38 - Grand Boulevard

Administrator
Linda Darling

Contact Person and Telephone
Linda Darling
773-918-6209

Registered Agent Information
Adrienne Golembiewski
1359 West Washington
Chicago, IL 60607

Date Questionnaire Completed 4/11/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	13
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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
TOTALS	13

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	13	15	13	2		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	13	15	13	2	0	15

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			13	0.2%	0	0	0	0	13	0.2%	0.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	13	0.2%	0	0	0	0	13	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	1	0	0	1	1	2
45 to 59	0	0	0	0	3	5	0	0	3	5	8
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	4	9	0	0	4	9	13

Danforth House
4540 S Michigan
Chicago, IL. 60653

Classification Numbers

Facility ID	6002356	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 38 - Grand Boulevard

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	11	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	2	0	2
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	1.00
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	14.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	671,239	0	0	0	671,239	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Danville Care Center
1701 N. Bowman Avenue
Danville, IL. 61832

Reference Numbers

Facility ID	6002364	
Health Service Area	004	
Planning Service Area	183	Vermilion
County	183	Vermilion County

Administrator
Jeremy Rieman

Contact Person and Telephone
Jeremy Rieman
217-504-8132

Registered Agent Information
Stephen N. Sher
5750 Old Orchard Rd. Ste 420
Skikie, IL 60077

Date Questionnaire Completed 4/13/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	120
Total Admissions 2017	105
Total Discharges 2017	111
Residents on 12/31/2017	114

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	64
Developmental Disability	0
Circulatory System	10
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	114

Total Residents Diagnosed as Mentally Ill 84

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	200	167	124	167	114	86	118	200
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	200	167	124	167	114	86	118	200

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1912	4.4%	36915	50.6%	0	667	2077	0	41571	56.9%	68.2%
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%
TOTALS	1912	4.4%	36915	50.6%	0	667	2077	0	41571	56.9%	68.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	3	0	0	0	0	0	0	7	3	10
45 to 59	15	14	0	0	0	0	0	0	15	14	29
60 to 64	7	6	0	0	0	0	0	0	7	6	13
65 to 74	13	16	0	0	0	0	0	0	13	16	29
75 to 84	10	12	0	0	0	0	0	0	10	12	22
85+	2	9	0	0	0	0	0	0	2	9	11
TOTALS	54	60	0	0	0	0	0	0	54	60	114

Danville Care Center
1701 N. Bowman Avenue
Danville, IL. 61832

Classification Numbers

Facility ID	6002364	
Health Service Area	004	
Planning Service Area	183	Vermilion
County	183	Vermilion County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	102	0	0	7	0	114
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	102	0	0	7	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	17	0	0	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	114	0	0	0	114

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	114	0	0	0	114

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	6.00
Certified Aides	35.00
Other Health Staff	3.00
Non-Health Staff	36.50
Totals	94.50

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
10.6%	83.7%	0.0%	0.0%	5.7%	100.0%		
674,764	5,314,999	0	0	361,266	6,351,029	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Davies Square
1817 Crescent Dr.
Pekin, IL. 61554

Reference Numbers

Facility ID	6002398	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Courtney Buhlig

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			0	0.0%	5840	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	5840	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	5	2	0	0	5	2	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	3	0	0	0	3	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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Davies Square
1817 Crescent Dr.
Pekin, IL. 61554

Classification Numbers

Facility ID	6002398	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	
Totals	

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%	72.2%	1.7%	0.0%	26.2%	100.0%		
0	466,651	10,773	0	169,075	646,499	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Davis House
4237 S Indiana
Chicago, IL. 60653

Reference Numbers

Facility ID	6002406	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 38 - Grand Boulevard

Administrator
Linda Darling

Contact Person and Telephone
Linda Darling
773-918-6209

Registered Agent Information
Adrienne Golembiewski
1359 W Washington Blvd
Chicago, IL 60607

Date Questionnaire Completed 4/11/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	14
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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
TOTALS	14

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	14	15	14	1		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	14	15	14	1	0	15

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			14	0.3%	0	0	0	0	14	0.3%	0.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	14	0.3%	0	0	0	0	14	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	3	0	0	2	3	5
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	1	2	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
TOTALS	0	0	0	0	6	8	0	0	6	8	14

Davis House
4237 S Indiana
Chicago, IL. 60653

Classification Numbers

Facility ID	6002406	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 38 - Grand Boulevard

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	13	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	1	0	1

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	1.00
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	15.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	634,156	0	0	0	634,156	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Dearborn Court
520 S Dearborn Ave
Kankakee, IL. 60901

Reference Numbers

Facility ID	6013726	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Amanda Ruff

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	6
Total Admissions 2017	0
Total Discharges 2017	1
Residents on 12/31/2017	5

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	5
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
TOTALS	5

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	5	1		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	5	1	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	3	0	0	0	3	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	2	3	0	0	2	3	5

Dearborn Court
520 S Dearborn Ave
Kankakee, IL. 60901

Classification Numbers

Facility ID	6013726	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		5	0	0	0	0	5
Sheltered Care			0	0	0	0	0
TOTALS	0	5	0	0	0	0	5

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	5	0	5

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	5	0	5
Ethnicity Unknown	0	0	0	0	0
Total	0	0	5	0	5

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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
0.0%	86.2%	1.1%	0.0%	12.7%	100.0%		
0	330,604	4,214	0	48,902	383,720	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Decatur Manor Healthcare
1016 W Pershing Rd.
Decatur, IL. 62526

Reference Numbers

Facility ID	6007363	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
Ruth Huber

Contact Person and Telephone
Ruth Huber
217-875-0833

Registered Agent Information
Thomas Winter
6840 N Lincoln Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/16/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	132
Total Admissions 2017	74
Total Discharges 2017	72
Residents on 12/31/2017	134

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	134
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
TOTALS	134

Total Residents Diagnosed as Mentally Ill 134

Total Residents Reported as Identified Offenders 29

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	147	147	140	147	134	13	0	127
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	147	147	140	147	134	13	0	127

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	42146	90.9%	841	0	750	0	43737	81.5%	81.5%
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%
TOTALS	0	0.0%	42146	90.9%	841	0	750	0	43737	81.5%	81.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	1	0	0	0	0	0	0	0	1	0	1
18 to 44	26	16	0	0	0	0	0	0	26	16	42
45 to 59	35	22	0	0	0	0	0	0	35	22	57
60 to 64	12	9	0	0	0	0	0	0	12	9	21
65 to 74	8	5	0	0	0	0	0	0	8	5	13
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
TOTALS	82	52	0	0	0	0	0	0	82	52	134

Decatur Manor Healthcare
1016 W Pershing Rd.
Decatur, IL. 62526

Classification Numbers

Facility ID	6007363	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	129	3	0	2	0	134
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	129	3	0	2	0	134

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	1	0	0	0	1
Black	23	0	0	0	23
Hawaiian/Pacific Isl.	0	0	0	0	0
White	108	0	0	0	108
Race Unknown	0	0	0	0	0
Total	134	0	0	0	134

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	132	0	0	0	132
Ethnicity Unknown	0	0	0	0	0
Total	134	0	0	0	134

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	9.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	47.00
Totals	85.00

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
0.0%	73.8%	2.4%	0.0%	23.7%	100.0%		
0	3,690,457	121,117	0	1,186,687	4,998,261	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Decatur Rehabilitation Healthcare
136 South Dipper Lane
Decatur , IL. 62521

Reference Numbers

Facility ID	6003081	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
Beth Snyder

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/5/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	36
Total Admissions 2017	25
Total Discharges 2017	18
Residents on 12/31/2017	43

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	13
Developmental Disability	0
Circulatory System	13
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	43

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	58	58	45	58	43	15	0	58
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	58	58	45	58	43	15	0	58

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	14014	66.2%	0	0	1313	0	15327	72.4%	72.4%
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%
TOTALS	0	0.0%	14014	66.2%	0	0	1313	0	15327	72.4%	72.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	17	17	0	0	0	0	0	0	17	17	34
75 to 84	5	0	0	0	0	0	0	0	5	0	5
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	22	21	0	0	0	0	0	0	22	21	43

Decatur Rehabilitation Healthcare
136 South Dipper Lane
Decatur , IL. 62521

Classification Numbers

Facility ID	6003081	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	39	0	0	4	0	43
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	39	0	0	4	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	29	0	0	0	29
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	43	0	0	0	43
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	0	43

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	5.00
Certified Aides	26.00
Other Health Staff	1.00
Non-Health Staff	19.00
Totals	57.00

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
0.0%	94.3%	0.0%	0.0%	5.7%	100.0%		
0	2,049,966	0	0	123,229	2,173,195	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DeKalb Area Retirement Center
2944 Greenwood Acres Drive
DeKalb, IL. 60115

Reference Numbers

Facility ID	6006738	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

Administrator
Elizabeth Hoppenworth

Contact Person and Telephone
Sharon Cox
815-756-8461

Registered Agent Information

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	101
Total Admissions 2017	96
Total Discharges 2017	99
Residents on 12/31/2017	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	23
Blood Disorders	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	19
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	73	73	65	73	65	8	6	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	49	49	33	49	33	16		
TOTAL BEDS	122	122	98	122	98	24	6	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1565	71.5%	0	0.0%	0	0	22611	365	24541	92.1%	92.1%
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	10993	0	10993	61.5%	61.5%
TOTALS	1565	71.5%	0	0.0%	0	0	33604	365	35534	79.8%	79.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	1	1	1	1	2
75 to 84	2	10	0	0	0	0	1	2	3	12	15
85+	10	41	0	0	0	0	3	25	13	66	79
TOTALS	12	51	0	0	0	0	5	28	17	79	96

DeKalb Area Retirement Center
2944 Greenwood Acres Drive
DeKalb, IL. 60115

Classification Numbers

Facility ID	6006738	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	0	0	0	59	1	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	33	0	33
TOTALS	5	0	0	0	92	1	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	33	98
Race Unknown	0	0	0	0	0
Total	65	0	0	33	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.10
LPN's	6.80
Certified Aides	46.50
Other Health Staff	2.00
Non-Health Staff	70.60
Totals	144.00

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
82.3%	0.0%	0.0%	12.2%	5.5%	100.0%		
715,423	0	0	106,052	47,810	869,285	117,142	13.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DeKalb County Rehab & Nursing Center
2600 N. Annie Glidden Road
DeKalb, IL. 60115

Reference Numbers

Facility ID	6015630	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

Administrator
Bart J. Becker

Contact Person and Telephone
Bart J. Becker
815-217-0303

Registered Agent Information
Gary Hanson
200 North Main Street
Sycamore, IL 60178

Date Questionnaire Completed 4/6/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	175
Total Admissions 2017	225
Total Discharges 2017	219
Residents on 12/31/2017	181

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	14
Alzheimer Disease	0
Mental Illness	31
Developmental Disability	0
Circulatory System	20
Respiratory System	15
Digestive System	11
Genitourinary System Disorders	11
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	19
Other Medical Conditions	19
Non-Medical Conditions	27
TOTALS	181

Total Residents Diagnosed as Mentally Ill 31

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	190	189	190	190	181	9	190	190
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	190	189	190	190	181	9	190	190

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8256	11.9%	29667	42.8%	0	0	27296	0	65219	94.0%	94.5%
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%
TOTALS	8256	11.9%	29667	42.8%	0	0	27296	0	65219	94.0%	94.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	0	0	0	0	0	0	0	3	0	3
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	3	10	0	0	0	0	0	0	3	10	13
75 to 84	16	42	0	0	0	0	0	0	16	42	58
85+	19	80	0	0	0	0	0	0	19	80	99
TOTALS	43	138	0	0	0	0	0	0	43	138	181

DeKalb County Rehab & Nursing Center
2600 N. Annie Glidden Road
DeKalb, IL. 60115

Classification Numbers

Facility ID	6015630	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	71	0	0	90	0	181
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	71	0	0	90	0	181

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	180	0	0	0	180
Race Unknown	0	0	0	0	0
Total	181	0	0	0	181

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	179	0	0	0	179
Ethnicity Unknown	0	0	0	0	0
Total	181	0	0	0	181

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	37.66
LPN's	7.71
Certified Aides	71.86
Other Health Staff	3.83
Non-Health Staff	67.98
Totals	191.04

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
27.5%	33.5%	0.8%	0.0%	38.2%	100.0%		
4,398,422	5,352,766	120,453	0	6,098,591	15,970,232	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Diamondview
338 Country Club Road
Centralia , IL. 62801

Reference Numbers

Facility ID	6013494	
Health Service Area	005	
Planning Service Area	121	Marion
County	121	Marion County

Administrator
Cristy Bixler

Contact Person and Telephone
Jennifer Pontious
618-532-9630

Registered Agent Information
Marvin Miller
623 E. Broadway
Centralia, IL 62801

Date Questionnaire Completed 4/30/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	14
Total Admissions 2017	0
Total Discharges 2017	3
Residents on 12/31/2017	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
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
TOTALS	11

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	11	5		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	11	5	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			512089	######	0	0	57718	0	569807	9757.0%	9757.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	512089	######	0	0	57718	0	569807	9757.0%	9757.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	3	0	0	2	3	5
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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
TOTALS	0	0	0	0	5	6	0	0	5	6	11

Diamondview
338 Country Club Road
Centralia , IL. 62801

Classification Numbers

Facility ID	6013494	
Health Service Area	005	
Planning Service Area	121	Marion
County	121	Marion County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.25
Certified Aides	12.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	15.25

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
0.0%	89.9%	0.0%	0.0%	10.1%	100.0%		
0	512,089	0	0	57,718	569,807	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Division Street Home
317 Division Street
Amboy , IL. 61310

Reference Numbers

Facility ID	6013643	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

Administrator
Ron Heiderscheit

Contact Person and Telephone
Ron Heiderscheit
815-288-6691 ext. 269

Registered Agent Information
Jeff Stauter
500 Anchor Road
Dixon, IL 61021

Date Questionnaire Completed 4/7/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	6
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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
TOTALS	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	1	4	0	0	1	4	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	2	4	0	0	2	4	6

Division Street Home
317 Division Street
Amboy , IL. 61310

Classification Numbers

Facility ID	6013643	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	5.25
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	7.00

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
0.0%	9.4%	90.6%	0.0%	0.0%	100.0%		
0	34,392	329,596	0	0	363,988	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Dixon Rehabilitation and Health Care Center
800 Division Street
Dixon, IL. 61021

Reference Numbers

Facility ID	6005276	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

Administrator
Katheryn May, RN/LNHA

Contact Person and Telephone
Katheryn May, RN/LNHA
815-284-3393

Registered Agent Information
Daniel Maher Law Offices
412 E. Lawrence Ave.
Springfield, IL 62703

Date Questionnaire Completed 3/2/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	78
Total Admissions 2017	182
Total Discharges 2017	183
Residents on 12/31/2017	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	11
Developmental Disability	1
Circulatory System	9
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	8
Other Medical Conditions	3
Non-Medical Conditions	12
TOTALS	77

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	97	0	0	0	77	20	97	97
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	97	0	0	0	77	20	97	97

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4605	13.0%	16927	47.8%	0	6608	0	0	28140	79.5%	0.0%
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%
TOTALS	4605	13.0%	16927	47.8%	0	6608	0	0	28140	79.5%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	12	18	0	0	0	0	0	0	12	18	30
85+	6	26	0	0	0	0	0	0	6	26	32
TOTALS	27	50	0	0	0	0	0	0	27	50	77

Dixon Rehabilitation and Health Care Center
800 Division Street
Dixon, IL. 61021

Classification Numbers

Facility ID	6005276	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	36	0	0	29	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	36	0	0	29	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	1	0	0	0	1

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	10.00
Certified Aides	37.00
Other Health Staff	5.00
Non-Health Staff	11.00
Totals	75.00

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
34.3%	45.8%	0.0%	5.6%	14.3%	100.0%		
2,029,398	2,709,960	0	329,460	844,818	5,913,636	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DOBSON PLAZA NURSING & REHAB CENTER, LL
120 DODGE AVENUE
Evanston, IL. 60202

Reference Numbers

Facility ID	6002521	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

Administrator
Charlotte Kohn

Contact Person and Telephone
Cathy Singer
847-869-7744

Registered Agent Information
Charlotte Kohn
120 Dodge Avenue
Evanston, IL 60202

Date Questionnaire Completed 4/28/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	89
Total Admissions 2017	38
Total Discharges 2017	41
Residents on 12/31/2017	86

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	10
Mental Illness	7
Developmental Disability	0
Circulatory System	54
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	86

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	97	97	0	97	88	9	97	97
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	97	97	0	97	88	9	97	97

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2560	7.2%	17407	49.2%	0	0	12491	0	32458	91.7%	91.7%
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%
TOTALS	2560	7.2%	17407	49.2%	0	0	12491	0	32458	91.7%	91.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	4	16	0	0	0	0	0	0	4	16	20
85+	11	51	0	0	0	0	0	0	11	51	62
TOTALS	16	70	0	0	0	0	0	0	16	70	86

DOBSON PLAZA NURSING & REHAB CENTER, LL
120 DODGE AVENUE
Evanston, IL. 60202

Classification Numbers

Facility ID	6002521	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	44	0	0	35	0	86
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	44	0	0	35	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	5	0	0	0	5
White	1	0	0	0	1
Race Unknown	77	0	0	0	77
Total	86	0	0	0	86

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	3.00
Certified Aides	30.00
Other Health Staff	14.00
Non-Health Staff	20.00
Totals	83.00

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
19.7%	35.9%	0.0%	4.6%	39.8%	100.0%		
1,448,978	2,643,254	0	337,192	2,923,930	7,353,354	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Doctors Nursing and Rehabilitation Center
1201Hawthorn Road
Salem, IL. 62458

Reference Numbers

Facility ID	6002539	
Health Service Area	005	
Planning Service Area	121	Marion
County	121	Marion County

Administrator
Sherry Baker

Contact Person and Telephone
Sherry Baker
618-848-4884

Registered Agent Information
Robert Hedge
1625 S 6th Street
Springfield, IL 62703

Date Questionnaire Completed 2/28/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	83
Total Admissions 2017	128
Total Discharges 2017	141
Residents on 12/31/2017	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	4
Developmental Disability	1
Circulatory System	9
Respiratory System	19
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	6
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	70

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	108	80	108	70	50	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	108	80	108	70	50	120	120

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4422	10.1%	19190	43.8%	0	517	4010	0	28139	64.2%	71.4%
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%
TOTALS	4422	10.1%	19190	43.8%	0	517	4010	0	28139	64.2%	71.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	4	0	0	0	0	0	0	1	4	5
45 to 59	5	2	0	0	0	0	0	0	5	2	7
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	2	12	0	0	0	0	0	0	2	12	14
85+	6	17	0	0	0	0	0	0	6	17	23
TOTALS	22	48	0	0	0	0	0	0	22	48	70

Doctors Nursing and Rehabilitation Center
1201Hawthorn Road
Salem, IL. 62458

Classification Numbers

Facility ID	6002539	
Health Service Area	005	
Planning Service Area	121	Marion
County	121	Marion County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	52	0	0	7	0	70
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	52	0	0	7	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	13.00
Certified Aides	26.00
Other Health Staff	6.00
Non-Health Staff	22.00
Totals	75.00

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
34.5%	53.3%	0.0%	3.9%	8.3%	100.0%		
2,263,024	3,500,589	0	259,234	545,723	6,568,570	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Dolton Court
644 E Sheridan
Dolton, IL. 60417

Reference Numbers

Facility ID	6014013	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

Administrator
Terra Tarjan

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	4
Total Admissions 2017	0
Total Discharges 2017	1
Residents on 12/31/2017	3

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	3
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
TOTALS	3

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	3	1		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	3	1	0	4

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1327	90.9%	0	0	0	0	1327	90.9%	90.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1327	90.9%	0	0	0	0	1327	90.9%	90.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	0	0	0	3	0	3
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	3	0	0	0	3	0	3

Dolton Court
644 E Sheridan
Dolton, IL. 60417

Classification Numbers

Facility ID	6014013	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		3	0	0	0	0	3
Sheltered Care			0	0	0	0	0
TOTALS	0	3	0	0	0	0	3

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	3	0	3

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	3	0	3
Ethnicity Unknown	0	0	0	0	0
Total	0	0	3	0	3

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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
0.0%	89.0%	1.2%	0.0%	9.8%	100.0%		
0	319,226	4,214	0	35,064	358,504	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Douglas Terrace
324 E. Douglas
Jacksonville, IL. 62650

Reference Numbers

Facility ID	6012389	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	137	Morgan County

Administrator
James Haney

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	1
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5768	98.8%	0	0	0	0	5768	98.8%	98.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5768	98.8%	0	0	0	0	5768	98.8%	98.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	7	0	0	5	7	12
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Douglas Terrace
324 E. Douglas
Jacksonville, IL. 62650

Classification Numbers

Facility ID	6012389	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	137	Morgan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.25
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	82.5%	2.1%	0.0%	15.4%	100.0%		
0	544,312	13,796	0	101,397	659,505	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Du Quoin Nursing & Rehab
514 E. Jackson St.
Du Quoin, IL. 62832

Reference Numbers

Facility ID	6002943	
Health Service Area	005	
Planning Service Area	145	Perry
County	145	Perry County

Administrator
Merle K. Taylor

Contact Person and Telephone
Merle K. Taylor
618-542-4731

Registered Agent Information
Scott Stout
105 South Commercial
Harrisburg, IL 62946

Date Questionnaire Completed 3/19/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	54
Total Admissions 2017	74
Total Discharges 2017	75
Residents on 12/31/2017	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	5
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	74	74	64	74	53	21	74	0
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	74	74	64	74	53	21	74	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2311	8.6%	11084	0.0%	0	0	5797	0	19192	71.1%	71.1%
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%
TOTALS	2311	8.6%	11084	0.0%	0	0	5797	0	19192	71.1%	71.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	6	14	0	0	0	0	0	0	6	14	20
TOTALS	19	34	0	0	0	0	0	0	19	34	53

Du Quoin Nursing & Rehab
514 E. Jackson St.
Du Quoin, IL. 62832

Classification Numbers

Facility ID	6002943	
Health Service Area	005	
Planning Service Area	145	Perry
County	145	Perry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	33	0	0	13	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	33	0	0	13	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	7.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	59.00

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
32.8%	44.1%	0.0%	0.1%	23.1%	100.0%		
1,003,188	1,347,559	165	2,377	705,312	3,058,601	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DuPage Care Center
400 North County Farm Road
Wheaton, IL. 60187

Reference Numbers

Facility ID	6002612	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Milton Township

Administrator
Janelle Chadwick

Contact Person and Telephone
Barbara Hyde
630-784-4201

Registered Agent Information
Dan Cronin, DuPage County Board Chair
421 North County Farm Road
Wheaton, IL 60187

Date Questionnaire Completed 4/16/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	332
Total Admissions 2017	266
Total Discharges 2017	277
Residents on 12/31/2017	321

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	12
Blood Disorders	2
*Nervous System Non Alzheimer	80
Alzheimer Disease	51
Mental Illness	39
Developmental Disability	1
Circulatory System	62
Respiratory System	13
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	19
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	321

Total Residents Diagnosed as Mentally Ill 283

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	368	347	335	347	321	47	368	368
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	368	347	335	347	321	47	368	368

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6668	5.0%	89354	66.5%	0	1334	21821	0	119177	88.7%	94.1%
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%
TOTALS	6668	5.0%	89354	66.5%	0	1334	21821	0	119177	88.7%	94.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	2	0	0	0	0	0	0	3	2	5
45 to 59	18	18	0	0	0	0	0	0	18	18	36
60 to 64	16	12	0	0	0	0	0	0	16	12	28
65 to 74	23	22	0	0	0	0	0	0	23	22	45
75 to 84	40	46	0	0	0	0	0	0	40	46	86
85+	28	93	0	0	0	0	0	0	28	93	121
TOTALS	128	193	0	0	0	0	0	0	128	193	321

DuPage Care Center
400 North County Farm Road
Wheaton, IL. 60187

Classification Numbers

Facility ID	6002612	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Milton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	232	0	2	72	0	321
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	232	0	2	72	0	321

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	11	0	0	0	11
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	1	0	0	0	1
White	294	0	0	0	294
Race Unknown	10	0	0	0	10
Total	321	0	0	0	321

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	312	0	0	0	312
Ethnicity Unknown	0	0	0	0	0
Total	321	0	0	0	321

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	3.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	83.00
LPN's	16.00
Certified Aides	167.00
Other Health Staff	41.00
Non-Health Staff	158.00
Totals	469.00

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
15.1%	54.0%	0.0%	0.7%	30.2%	100.0%		
5,211,095	18,580,985	0	243,660	10,397,738	34,433,478	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Eagle Court
1890 E Eagle
Kankakee, IL. 60901

Reference Numbers

Facility ID	6013882	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Amanda Ruff

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	6
Total Admissions 2017	0
Total Discharges 2017	1
Residents on 12/31/2017	5

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	5
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
TOTALS	5

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	5	1		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	5	1	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	4	1	0	0	4	1	5

Eagle Court
1890 E Eagle
Kankakee, IL. 60901

Classification Numbers

Facility ID	6013882	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		5	0	0	0	0	5
Sheltered Care			0	0	0	0	0
TOTALS	0	5	0	0	0	0	5

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	1	0	1
Total	0	0	5	0	5

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	5	0	5

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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
0.0%	80.6%	1.0%	0.0%	18.3%	100.0%		
0	316,540	4,067	0	71,916	392,523	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

East Bank Center LLC
6131 Park Ridge Road
Loves Park, IL. 61111

Reference Numbers

Facility ID	6003222	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Jennifer Hoppe LNHA, RAC-CT

Contact Person and Telephone
Jennifer Hoppe LNHA, RAC-CT
815-633-6810

Registered Agent Information
Michael Hovde
107 53rd Street
Bloomingdale, IL 60108

Date Questionnaire Completed 4/11/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	36
Total Admissions 2017	504
Total Discharges 2017	509
Residents on 12/31/2017	31

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	31

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	54	37	31	37	31	23	54	10
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	54	37	31	37	31	23	54	10

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8065	40.9%	15	0.4%	0	3680	43113	0	54873	278.4%	406.3%
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%
TOTALS	8065	40.9%	15	0.4%	0	3680	43113	0	54873	278.4%	406.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	4	8	0	0	0	0	0	0	4	8	12
TOTALS	9	22	0	0	0	0	0	0	9	22	31

East Bank Center LLC
6131 Park Ridge Road
Loves Park, IL. 61111

Classification Numbers

Facility ID	6003222	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	0	0	13	0	0	31
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	0	0	13	0	0	31

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	31	0	0	0	31
Total	31	0	0	0	31

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	31	0	0	0	31
Total	31	0	0	0	31

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	7.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	52.00

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
70.0%	0.1%	0.0%	28.0%	1.9%	100.0%		
4,509,512	4,954	873	1,803,482	119,685	6,438,506	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Eastern Star Home
9890 Star Lane
Macon, IL. 62544

Reference Numbers

Facility ID	6002653	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
David F. Mabry

Contact Person and Telephone
David F. Mabry
217-878-7467

Registered Agent Information
Damon Stotts
9894 Star Lane, P.O. Box 317
Macon, IL 62544

Date Questionnaire Completed 4/3/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	23
Total Admissions 2017	4
Total Discharges 2017	6
Residents on 12/31/2017	21

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	48	48	0	48	0	48	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	16	16	0	16	0	16		
TOTAL BEDS	64	64	0	64	0	64	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	8101	0	8101	46.2%	46.2%
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%
TOTALS	0	0.0%	0	0.0%	0	0	8101	0	8101	34.7%	34.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	0	2	0	0	0	0	0	0	0	2	2
85+	2	15	0	0	0	0	0	0	2	15	17
TOTALS	2	19	0	0	0	0	0	0	2	19	21

Eastern Star Home
9890 Star Lane
Macon, IL. 62544

Classification Numbers

Facility ID	6002653	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	21	0	21
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	21	0	21

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	21	0	0	0	21
Race Unknown	0	0	0	0	0
Total	21	0	0	0	21

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	21	0	0	0	21
Ethnicity Unknown	0	0	0	0	0
Total	21	0	0	0	21

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	3.00
Certified Aides	13.00
Other Health Staff	7.00
Non-Health Staff	16.00
Totals	45.00

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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	671,194	671,194	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Eastside Health and Rehabilitation Center
1400 E. Washington Street
Pittsfield, IL. 62363

Reference Numbers

Facility ID	6007025	
Health Service Area	003	
Planning Service Area	013	Calhoun/Pike
County	149	Pike County

Administrator
Kathryn Wiswell

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/14/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	50
Total Admissions 2017	76
Total Discharges 2017	64
Residents on 12/31/2017	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	15
Mental Illness	2
Developmental Disability	1
Circulatory System	5
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 23

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	92	92	65	92	62	30	92	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	65	92	62	30	92	92

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1838	5.5%	12336	36.7%	0	0	6823	0	20997	62.5%	62.5%
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%
TOTALS	1838	5.5%	12336	36.7%	0	0	6823	0	20997	62.5%	62.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	1	3	4
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	12	7	0	0	0	0	0	0	12	7	19
85+	8	21	0	0	0	0	0	0	8	21	29
TOTALS	24	38	0	0	0	0	0	0	24	38	62

Eastside Health and Rehabilitation Center
1400 E. Washington Street
Pittsfield, IL. 62363

Classification Numbers

Facility ID	6007025	
Health Service Area	003	
Planning Service Area	013	Calhoun/Pike
County	149	Pike County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	37	0		20	0	
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	37	0		20	0	

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	18.00
Other Health Staff	3.00
Non-Health Staff	15.00
Totals	47.00

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
12.4%	53.0%	0.0%	0.3%	34.3%	100.0%		
392,770	1,679,130	0	8,305	1,087,546	3,167,751	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Eastview Terrace
100 Eastview Place
Sullivan, IL. 61951

Reference Numbers

Facility ID	6009237	
Health Service Area	004	
Planning Service Area	139	Moultrie
County	139	Moultrie County

Administrator
Lacy Mossman

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/12/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	48
Total Admissions 2017	32
Total Discharges 2017	34
Residents on 12/31/2017	46

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	34
Mental Illness	0
Developmental Disability	2
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	10
Non-Medical Conditions	0
TOTALS	46

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	63	63	54	63	46	17	63	63
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	63	63	54	63	46	17	63	63

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1124	4.9%	14095	61.3%	0	7	2999	0	18225	79.3%	79.3%
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%
TOTALS	1124	4.9%	14095	61.3%	0	7	2999	0	18225	79.3%	79.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	5	0	0	0	0	0	0	0	5	5
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	4	13	0	0	0	0	0	0	4	13	17
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	13	33	0	0	0	0	0	0	13	33	46

Eastview Terrace
100 Eastview Place
Sullivan, IL. 61951

Classification Numbers

Facility ID	6009237	
Health Service Area	004	
Planning Service Area	139	Moultrie
County	139	Moultrie County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	40	0	0	6	0	46
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	40	0	0	6	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	46	0	0	0	46
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	0	46

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	10.00
Certified Aides	17.00
Other Health Staff	5.00
Non-Health Staff	20.00
Totals	56.00

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
8.3%	77.4%	0.0%	0.2%	14.1%	100.0%		
226,876	2,120,237	0	5,025	386,584	2,738,722	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Eden Retirement Center, Inc.
400 South Station Road
Glen Carbon, IL. 62034

Reference Numbers

Facility ID	6002679	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Tina Kassing Meurer

Contact Person and Telephone
Barbara Brown
618-205-4609

Registered Agent Information
Tina Kassing Meurer
400 South Station Road
Glen Carbon, IL 62034

Date Questionnaire Completed 4/13/2018

Continuing Care Retirement Community

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	96
Total Admissions 2017	276
Total Discharges 2017	288
Residents on 12/31/2017	84

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	16
Mental Illness	17
Developmental Disability	0
Circulatory System	14
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	6
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	84

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	128	128	0	128	84	44	128	105
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	128	128	0	128	84	44	128	105

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4823	10.3%	8427	22.0%	0	0	19494	377	33121	70.9%	70.9%
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%
TOTALS	4823	10.3%	8427	22.0%	0	0	19494	377	33121	70.9%	70.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	6	14	0	0	0	0	0	0	6	14	20
85+	8	49	0	0	0	0	0	0	8	49	57
TOTALS	18	66	0	0	0	0	0	0	18	66	84

Eden Retirement Center, Inc.
400 South Station Road
Glen Carbon, IL. 62034

Classification Numbers

Facility ID	6002679	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	20	0	6	49	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	20	0	6	49	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	12.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.41
LPN's	21.80
Certified Aides	44.19
Other Health Staff	32.91
Non-Health Staff	59.84
Totals	177.15

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
17.5%	12.4%	0.0%	0.0%	70.1%	100.0%		
2,033,383	1,432,744	0	0	8,133,656	11,599,783	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EDWARDSVILLE NSG & REHAB CTR.
401 ST. MARY'S DRIVE
Edwardsville , IL. 62025

Reference Numbers

Facility ID	6002729	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Tanya Rommerskirchen

Contact Person and Telephone
Tanya Rommerskirchen
618-692-1330

Registered Agent Information

Date Questionnaire Completed 4/24/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	88
Total Admissions 2017	98
Total Discharges 2017	72
Residents on 12/31/2017	114

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	22
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	3
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 47

Total Residents Reported as Identified Offenders 7

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	0	0	0	91	29	32	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	0	0	0	91	29	32	120

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2695	23.1%	27172	62.0%	0	3418	0	0	33285	76.0%	0.0%
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%
TOTALS	2695	23.1%	27172	62.0%	0	3418	0	0	33285	76.0%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	7	8	0	0	0	0	0	0	7	8	15
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	15	12	0	0	0	0	0	0	15	12	27
75 to 84	8	20	0	0	0	0	0	0	8	20	28
85+	4	11	0	0	0	0	0	0	4	11	15
TOTALS	37	54	0	0	0	0	0	0	37	54	91

EDWARDSVILLE NSG & REHAB CTR.
401 ST. MARY'S DRIVE
Edwardsville , IL. 62025

Classification Numbers

Facility ID	6002729	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	78	0	0	7	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	78	0	0	7	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	15.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	71.00

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
23.4%	69.0%	0.0%	0.0%	7.6%	100.0%		
1,384,000	4,084,000	0	0	450,000	5,918,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Edwardsville Terrace
808 Southwest Place
Edwardsville, IL. 62025

Reference Numbers

Facility ID	6013783	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Penelope Allen

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	3
Total Discharges 2017	2
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4864	83.3%	0	0	730	0	5594	95.8%	95.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4864	83.3%	0	0	730	0	5594	95.8%	95.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	4	1	0	0	4	1	5
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	10	6	0	0	10	6	16

Edwardsville Terrace
808 Southwest Place
Edwardsville, IL. 62025

Classification Numbers

Facility ID	6013783	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	2	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	2	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	73.2%	1.2%	0.0%	25.6%	100.0%		
0	543,839	8,739	0	190,251	742,829	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Effingham Rehab & Health Care Center
1610 North Lakewood Drive
Effingham, IL. 62401

Reference Numbers

Facility ID	6009559	
Health Service Area	005	
Planning Service Area	049	Effingham
County	049	Effingham County

Administrator
Penny Dowell (current)

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/19/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	45
Total Admissions 2017	53
Total Discharges 2017	58
Residents on 12/31/2017	40

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	8
Mental Illness	29
Developmental Disability	2
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	40

Total Residents Diagnosed as Mentally Ill 29

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	62	62	55	62	40	22	16	62
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	62	62	55	62	40	22	16	62

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1623	27.8%	10911	48.2%	0	76	3630	0	16240	71.8%	71.8%
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%
TOTALS	1623	27.8%	10911	48.2%	0	76	3630	0	16240	71.8%	71.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	2	5	0	0	0	0	0	0	2	5	7
85+	4	9	0	0	0	0	0	0	4	9	13
TOTALS	12	28	0	0	0	0	0	0	12	28	40

Effingham Rehab & Health Care Center
1610 North Lakewood Drive
Effingham, IL. 62401

Classification Numbers

Facility ID	6009559	
Health Service Area	005	
Planning Service Area	049	Effingham
County	049	Effingham County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	26	0	7	0	0	40
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	26	0	7	0	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	40	0	0	0	40

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	40	0	0	0	40
Ethnicity Unknown	0	0	0	0	0
Total	40	0	0	0	40

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	17.00
Totals	47.00

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
14.4%	61.3%	0.0%	0.1%	24.3%	100.0%		
304,727	1,297,139	0	1,234	513,417	2,116,517	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

6/20/2016 Change of Ownership occurred.

Effingham Terrace
1101 South Third St.
Effingham, IL. 62401

Reference Numbers

Facility ID	6002737	
Health Service Area	005	
Planning Service Area	049	Effingham
County	049	Effingham County

Administrator
Jody Goeckner

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	1
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5475	93.8%	0	0	346	0	5821	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	0	346	0	5821	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	6	0	0	2	6	8
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	2	0	0	0	2	0	2
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
TOTALS	0	0	0	0	6	9	0	0	6	9	15

Effingham Terrace
1101 South Third St.
Effingham, IL. 62401

Classification Numbers

Facility ID	6002737	
Health Service Area	005	
Planning Service Area	049	Effingham
County	049	Effingham County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	1	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	1	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	69.2%	1.4%	0.0%	29.5%	100.0%		
0	418,348	8,427	0	178,198	604,973	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

El Paso Health Care Center
850 E Second st
El Paso, IL. 61738

Reference Numbers

Facility ID	6002745	
Health Service Area	002	
Planning Service Area	203	Woodford
County	203	Woodford County

Administrator
Trisha Harris

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/12/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	103
Total Admissions 2017	41
Total Discharges 2017	53
Residents on 12/31/2017	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	85
Developmental Disability	2
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 91

Total Residents Reported as Identified Offenders 13

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	123	123	106	123	91	32	0	123
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	123	123	106	123	91	32	0	123

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	358	0.0%	34621	77.1%	0	17	714	0	35710	79.5%	79.5%
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%
TOTALS	358	0.0%	34621	77.1%	0	17	714	0	35710	79.5%	79.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	6	0	0	0	0	0	0	7	6	13
45 to 59	25	9	0	0	0	0	0	0	25	9	34
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	12	12	0	0	0	0	0	0	12	12	24
75 to 84	0	5	0	0	0	0	0	0	0	5	5
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	53	38	0	0	0	0	0	0	53	38	91

El Paso Health Care Center
850 E Second st
El Paso, IL. 61738

Classification Numbers

Facility ID	6002745	
Health Service Area	002	
Planning Service Area	203	Woodford
County	203	Woodford County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	83	4	0	3	0	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	83	4	0	3	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.40
LPN's	5.00
Certified Aides	15.00
Other Health Staff	2.00
Non-Health Staff	36.00
Totals	64.40

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
0.8%	97.2%	0.0%	0.1%	2.0%	100.0%		
37,108	4,748,693	0	4,465	97,422	4,887,688	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EL VALOR RESIDENCE
1931 WEST 19TH STREET
Chicago, IL. 60608

Reference Numbers

Facility ID	6002752	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 31 - Lower West Side

Administrator
Adriana Galvan

Contact Person and Telephone
Adriana Galvan
312-666-4511

Registered Agent Information

Date Questionnaire Completed 4/16/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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
TOTALS	12

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			365	8.3%	0	0	0	0	365	8.3%	8.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	365	8.3%	0	0	0	0	365	8.3%	8.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	1	0	0	1	1	2
45 to 59	0	0	0	0	5	3	0	0	5	3	8
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	7	5	0	0	7	5	12

EL VALOR RESIDENCE
1931 WEST 19TH STREET
Chicago, IL. 60608

Classification Numbers

Facility ID	6002752	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 31 - Lower West Side

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	6	0	6
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	0.00

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
0.0%	0.0%	0.0%	100.0%	0.0%	100.0%		
0	0	0	103,044	0	103,044	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Eldorado Rehab and Healthcare
1001 A Jefferson St
Eldorado, IL. 62930

Reference Numbers

Facility ID	6003248	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline
County	165	Saline County

Administrator
Travis Lane

Contact Person and Telephone
Lonnie Lindner
618-201-8560

Registered Agent Information
Scott Stout
105 S Commercial St
Harrisburg, IL 62946

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	75
Total Admissions 2017	37
Total Discharges 2017	37
Residents on 12/31/2017	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	13
Blood Disorders	9
*Nervous System Non Alzheimer	0
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	79	99	75	24	38	111
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	99	99	79	99	75	24	38	111

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1835	13.2%	8044	19.9%	404	0	4054	0	14337	39.7%	39.7%
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%
TOTALS	1835	13.2%	8044	19.9%	404	0	4054	0	14337	39.7%	39.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	10	14	0	0	0	0	0	0	10	14	24
85+	14	25	0	0	0	0	0	0	14	25	39
TOTALS	31	44	0	0	0	0	0	0	31	44	75

Eldorado Rehab and Healthcare
1001 A Jefferson St
Eldorado, IL. 62930

Classification Numbers

Facility ID	6003248	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline
County	165	Saline County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	42	0	0	19	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	42	0	0	19	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	33.00
Other Health Staff	0.00
Non-Health Staff	44.00
Totals	91.00

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
39.3%	39.5%	1.8%	0.2%	19.2%	100.0%		
932,583	936,318	41,892	4,956	454,755	2,370,504	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Elizabeth Nursing Hoome, Inc.
540 Pleasant Street
Elizabeth, IL. 61028

Reference Numbers

Facility ID	6002810	
Health Service Area	001	
Planning Service Area	085	Jo Daviess
County	085	Jo Daviess County

Administrator
Tracy Heidenreich

Contact Person and Telephone
Merri Berlage
815-858-2275 x5

Registered Agent Information
Michael A. Toepfer
122 1/2 North Main
Galena, IL 61036

Date Questionnaire Completed 4/9/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	29
Total Admissions 2017	20
Total Discharges 2017	25
Residents on 12/31/2017	24

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	11
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	24

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	41	41	29	41	24	17	0	41
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	41	41	29	41	24	17	0	41

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	2598	17.4%	0	0	6562	0	9160	61.2%	61.2%
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%
TOTALS	0	0.0%	2598	17.4%	0	0	6562	0	9160	61.2%	61.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	1	3	0	0	0	0	0	0	1	3	4
85+	5	15	0	0	0	0	0	0	5	15	20
TOTALS	6	18	0	0	0	0	0	0	6	18	24

Elizabeth Nursing Hoome, Inc.
540 Pleasant Street
Elizabeth, IL. 61028

Classification Numbers

Facility ID	6002810	
Health Service Area	001	
Planning Service Area	085	Jo Daviess
County	085	Jo Daviess County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	5	0	0	19	0	24
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	5	0	0	19	0	24

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	24	0	0	0	24

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	24	0	0	0	24
Ethnicity Unknown	0	0	0	0	0
Total	24	0	0	0	24

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	1.00
Certified Aides	8.00
Other Health Staff	5.00
Non-Health Staff	12.00
Totals	33.00

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
0.0%	7.9%	0.0%	0.0%	92.1%	100.0%		
0	206,907	0	0	2,411,120	2,618,027	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Elmhurst Extended Care Center
200 E. Lake St.
Elmhurst, IL. 60126

Reference Numbers

Facility ID	6002828	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	York Township

Administrator
Love Dave

Contact Person and Telephone
Love Dave
630-516-5000

Registered Agent Information
Keith Goldberg, Attorney at Law
1701 E. Lake Ave., Suite 200
Glenview, IL 60025

Date Questionnaire Completed 4/12/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	54
Total Admissions 2017	223
Total Discharges 2017	214
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	5
Mental Illness	6
Developmental Disability	0
Circulatory System	14
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	9
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	63

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	108	83	76	83	63	45	108	108
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	108	83	76	83	63	45	108	108

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2803	7.1%	3808	9.7%	0	776	17516	0	24903	63.2%	82.2%
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%
TOTALS	2803	7.1%	3808	9.7%	0	776	17516	0	24903	63.2%	82.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	1	1	2
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	10	27	0	0	0	0	0	0	10	27	37
TOTALS	17	46	0	0	0	0	0	0	17	46	63

Elmhurst Extended Care Center
200 E. Lake St.
Elmhurst, IL. 60126

Classification Numbers

Facility ID	6002828	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	York Township

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	0	2	45	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	12	0	2	45	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.96
LPN's	7.97
Certified Aides	30.27
Other Health Staff	9.62
Non-Health Staff	24.98
Totals	83.80

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
28.5%	3.6%	0.0%	3.6%	64.3%	100.0%		
1,777,643	222,951	0	223,562	4,013,800	6,237,956	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Elmwood Nursing and Rehabilitation
152 Wilma Drive
Maryville, IL. 62062

Reference Numbers

Facility ID	6005961	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Sherri Rudd

Contact Person and Telephone
Sherri Rudd
618-344-750

Registered Agent Information

Date Questionnaire Completed 4/23/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	78
Total Admissions 2017	53
Total Discharges 2017	53
Residents on 12/31/2017	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	18
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	7
Mental Illness	8
Developmental Disability	2
Circulatory System	0
Respiratory System	25
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	104	104	81	104	73	31	13	104
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	104	104	81	104	73	31	13	104

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1561	32.9%	19585	51.6%	0	2710	3073	0	26929	70.9%	70.9%
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%
TOTALS	1561	32.9%	19585	51.6%	0	2710	3073	0	26929	70.9%	70.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	1	3	4
60 to 64	7	8	0	0	0	0	0	0	7	8	15
65 to 74	9	12	0	0	0	0	0	0	9	12	21
75 to 84	12	11	0	0	0	0	0	0	12	11	23
85+	8	2	0	0	0	0	0	0	8	2	10
TOTALS	37	36	0	0	0	0	0	0	37	36	73

Elmwood Nursing and Rehabilitation
152 Wilma Drive
Maryville, IL. 62062

Classification Numbers

Facility ID	6005961	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	60	0	0	9	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	60	0	0	9	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	36.00
Totals	75.00

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
16.5%	42.6%	0.0%	9.0%	32.0%	100.0%		
666,265	1,721,523	0	364,226	1,292,157	4,044,171	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Elmwood Terrace Healthcare Center
1017 W. Galena Blvd.
Aurora, IL. 60506

Reference Numbers

Facility ID	6002844	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Catherine Larson

Contact Person and Telephone
Catherine Larson
630-897-3100

Registered Agent Information

Date Questionnaire Completed 4/16/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	59
Total Admissions 2017	110
Total Discharges 2017	106
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	3
Mental Illness	8
Developmental Disability	5
Circulatory System	15
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	63

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	68	68	63	68	63	5	68	68
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	68	68	63	68	63	5	68	68

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2131	8.6%	17264	69.6%	0	200	473	0	20068	80.9%	80.9%
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%
TOTALS	2131	8.6%	17264	69.6%	0	200	473	0	20068	80.9%	80.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	6	4	0	0	0	0	0	0	6	4	10
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	9	12	0	0	0	0	0	0	9	12	21
75 to 84	2	9	0	0	0	0	0	0	2	9	11
85+	2	9	0	0	0	0	0	0	2	9	11
TOTALS	25	38	0	0	0	0	0	0	25	38	63

Elmwood Terrace Healthcare Center
1017 W. Galena Blvd.
Aurora, IL. 60506

Classification Numbers

Facility ID	6002844	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	56	0	0	1	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	56	0	0	1	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	11	0	0	0	11
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.75
Director of Nursing	1.00
Registered Nurses	6.10
LPN's	6.00
Certified Aides	21.18
Other Health Staff	0.50
Non-Health Staff	17.53
Totals	54.06

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
26.2%	70.7%	0.0%	0.0%	3.0%	100.0%		
1,201,901	3,237,991	0	0	139,177	4,579,069	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ELSTON NURSING & REHAB CENTER
4340 N. KEYSTONE AVE.
Chicago, IL. 60641

Reference Numbers

Facility ID	6002851	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 16 - Irving Park

Administrator
LaQuanta Jordan

Contact Person and Telephone
LaQuanta Jordan
773-545-8700

Registered Agent Information
Much Shelist Freed Denunberg
191 North Wacker Drive Suite 1800
Chicago, IL 60606

Date Questionnaire Completed 4/20/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	76
Total Admissions 2017	84
Total Discharges 2017	56
Residents on 12/31/2017	104

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 70

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	117	117	117	117	77	40	0	117
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	117	117	117	117	77	40	0	117

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5	0.0%	70	0.2%	0	0	2	0	77	0.2%	0.2%
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%
TOTALS	5	0.0%	70	0.2%	0	0	2	0	77	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	12	3	0	0	0	0	0	0	12	3	15
60 to 64	11	12	0	0	0	0	0	0	11	12	23
65 to 74	8	8	0	0	0	0	0	0	8	8	16
75 to 84	9	0	0	0	0	0	0	0	9	0	9
85+	6	8	0	0	0	0	0	0	6	8	14
TOTALS	46	31	0	0	0	0	0	0	46	31	77

ELSTON NURSING & REHAB CENTER
4340 N. KEYSTONE AVE.
Chicago, IL. 60641

Classification Numbers

Facility ID	6002851	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 16 - Irving Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	64	5	0	1	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	64	5	0	1	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	17	0	0	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	54	0	0	0	54
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	23	0	0	0	23
Non-Hispanic	54	0	0	0	54
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	11.00
Certified Aides	30.00
Other Health Staff	0.00
Non-Health Staff	30.00
Totals	82.00

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
12.9%	78.6%	0.7%	6.2%	1.5%	100.0%		
762,047	4,632,968	40,616	367,724	89,820	5,893,175	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Emerald Estates
1577 E Myrtle
Canton, IL. 61520

Reference Numbers

Facility ID	6011787	
Health Service Area	002	
Planning Service Area	057	Fulton
County	057	Fulton County

Administrator
Nicki Palmer

Contact Person and Telephone
Bobi Wilson
309-647-6604

Registered Agent Information
Richard Grader
636 W Imboden Drive
Decatur, IL 62521

Date Questionnaire Completed 3/13/2018

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	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5628	96.4%	0	0	0	0	5628	96.4%	96.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5628	96.4%	0	0	0	0	5628	96.4%	96.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	3	1	0	0	3	1	4
60 to 64	0	0	0	0	3	2	0	0	3	2	5
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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Emerald Estates
1577 E Myrtle
Canton, IL. 61520

Classification Numbers

Facility ID	6011787	
Health Service Area	002	
Planning Service Area	057	Fulton
County	057	Fulton County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	13.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	616,594	0	0	0	616,594	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Enfield Rehab & Health Care Ct
408 North Wilson Street
Enfield, IL. 62835

Reference Numbers

Facility ID	6005425	
Health Service Area	005	
Planning Service Area	193	White
County	193	White County

Administrator
Chasity Harris

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/19/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	28
Total Admissions 2017	24
Total Discharges 2017	31
Residents on 12/31/2017	21

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	9
Developmental Disability	0
Circulatory System	1
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	21

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	47	47	33	47	21	26	23	47
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	47	47	33	47	21	26	23	47

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	420	5.0%	7805	45.5%	0	51	1315	0	9591	55.9%	55.9%
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%
TOTALS	420	5.0%	7805	45.5%	0	51	1315	0	9591	55.9%	55.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	6	3	0	0	0	0	0	0	6	3	9
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	12	9	0	0	0	0	0	0	12	9	21

Enfield Rehab & Health Care Ct
408 North Wilson Street
Enfield, IL. 62835

Classification Numbers

Facility ID	6005425	
Health Service Area	005	
Planning Service Area	193	White
County	193	White County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	18	0	0	3	0	21
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	18	0	0	3	0	21

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	20	0	0	0	20
Race Unknown	0	0	0	0	0
Total	21	0	0	0	21

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	21	0	0	0	21
Ethnicity Unknown	0	0	0	0	0
Total	21	0	0	0	21

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	32.00

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
6.4%	75.1%	0.0%	0.4%	18.2%	100.0%		
79,040	934,169	0	4,440	225,880	1,243,529	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Eunice Smith Home
1251 College Ave.
Alton, IL. 62002

Reference Numbers

Facility ID	6002877	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Jennifer Popp

Contact Person and Telephone
Jennifer Popp
618-463-7331

Registered Agent Information

Date Questionnaire Completed 3/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	40
Total Admissions 2017	376
Total Discharges 2017	367
Residents on 12/31/2017	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	8
Mental Illness	4
Developmental Disability	0
Circulatory System	10
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 21

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	62	0	0	62	49	13	64	6
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	62	0	0	62	49	13	64	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5197	22.2%	2043	93.3%	0	2238	9214	0	18692	82.6%	0.0%
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%
TOTALS	5197	22.2%	2043	93.3%	0	2238	9214	0	18692	82.6%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	6	20	0	0	0	0	0	0	6	20	26
TOTALS	15	34	0	0	0	0	0	0	15	34	49

Eunice Smith Home
1251 College Ave.
Alton, IL. 62002

Classification Numbers

Facility ID	6002877	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	4	0	0	24	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	4	0	0	24	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.10
LPN's	5.90
Certified Aides	22.04
Other Health Staff	1.30
Non-Health Staff	10.60
Totals	46.94

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
39.9%	4.8%	0.0%	24.1%	31.2%	100.0%		
2,471,306	298,370	0	1,488,580	1,928,286	6,186,542	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Evenglow Lodge
215 E Washington
Pontiac, IL. 61764

Reference Numbers

Facility ID	6002901	
Health Service Area	004	
Planning Service Area	105	Livingston
County	105	Livingston County

Administrator
Mark W Hovren

Contact Person and Telephone
Karen Abels
815-844-6131

Registered Agent Information
John A Taylor
109 N Mill
Pontiac, IL 61764

Date Questionnaire Completed 4/13/2018

Continuing Care Retirement Community

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	127
Total Admissions 2017	211
Total Discharges 2017	208
Residents on 12/31/2017	130

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	11
Alzheimer Disease	5
Mental Illness	15
Developmental Disability	0
Circulatory System	28
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	32
Injuries and Poisonings	8
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	130

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	73	67	66	67	61	12	73	26
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	141	75	74	75	69	72		
TOTAL BEDS	214	142	140	142	130	84	73	26

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3429	12.9%	4669	49.2%	0	64	12848	0	21010	78.9%	85.9%
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%
TOTALS	3429	12.9%	4669	49.2%	0	64	12848	0	21010	26.9%	40.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	1	0	0	0	0	0	1	1	2	3
75 to 84	3	10	0	0	0	0	5	10	8	20	28
85+	11	34	0	0	0	0	11	42	22	76	98
TOTALS	16	45	0	0	0	0	16	53	32	98	130

Evenglow Lodge
215 E Washington
Pontiac, IL. 61764

Classification Numbers

Facility ID	6002901	
Health Service Area	004	
Planning Service Area	105	Livingston
County	105	Livingston County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	69	130
Race Unknown		0	0	0	
Total		0	0	69	

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.10
LPN's	13.83
Certified Aides	31.03
Other Health Staff	5.39
Non-Health Staff	45.71
Totals	105.06

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
14.3%	9.8%	0.0%	6.0%	69.9%	100.0%		
1,070,599	732,549	0	445,595	5,229,043	7,477,786	115,293	1.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Evergreen Nursing and Rehabilitation Center
1115 North Wente Drive
Effingham, IL. 62401

Reference Numbers

Facility ID	6002133	
Health Service Area	005	
Planning Service Area	049	Effingham
County	049	Effingham County

Administrator
Adra Baldwin

Contact Person and Telephone
Adra Baldwin
217-347-7121

Registered Agent Information

Date Questionnaire Completed 4/9/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	73
Total Admissions 2017	134
Total Discharges 2017	149
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	24
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	7
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	90	0	90	73	47	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	90	0	90	73	47	120	120

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7023	16.0%	13299	30.4%	0	378	7784	0	28484	65.0%	86.7%
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%
TOTALS	7023	16.0%	13299	30.4%	0	378	7784	0	28484	65.0%	86.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	3	9	0	0	0	0	0	0	3	9	12
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	11	25	0	0	0	0	0	0	11	25	36
TOTALS	25	48	0	0	0	0	0	0	25	48	73

Evergreen Nursing and Rehabilitation Center
1115 North Wente Drive
Effingham, IL. 62401

Classification Numbers

Facility ID	6002133	
Health Service Area	005	
Planning Service Area	049	Effingham
County	049	Effingham County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	39	0	0	17	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	39	0	0	17	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	17.00
Certified Aides	49.00
Other Health Staff	4.00
Non-Health Staff	21.00
Totals	97.00

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
55.6%	25.0%	0.0%	2.4%	17.0%	100.0%		
3,829,057	1,725,071	0	163,685	1,172,843	6,890,656	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Fair Havens Christian Village
1790 S Fairview Ave
Decatur, IL. 62521

Reference Numbers

Facility ID	6002950	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
Jennifer West

Contact Person and Telephone
Jennifer West
217-429-2551

Registered Agent Information
CT corporation system
208 So lasalle St Suite 814
Chicago, IL 60604

Date Questionnaire Completed 3/29/2018

Continuing Care Retirement Community

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	128
Total Admissions 2017	307
Total Discharges 2017	305
Residents on 12/31/2017	130

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	12
Mental Illness	25
Developmental Disability	0
Circulatory System	22
Respiratory System	19
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	130

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	154	154	138	154	130	24	154	154
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	154	154	138	154	130	24	154	154

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7562	13.5%	28792	51.2%	0	280	11280	0	47914	85.2%	85.2%
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%
TOTALS	7562	13.5%	28792	51.2%	0	280	11280	0	47914	85.2%	85.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	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	7	0	0	0	0	0	0	3	7	10
75 to 84	9	19	0	0	0	0	0	0	9	19	28
85+	38	51	0	0	0	0	0	0	38	51	89
TOTALS	52	78	0	0	0	0	0	0	52	78	130

Fair Havens Christian Village
1790 S Fairview Ave
Decatur, IL. 62521

Classification Numbers

Facility ID	6002950	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

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	84	0	0	27	0	130
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	84	0	0	27	0	130

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	115	0	0	0	115
Race Unknown	0	0	0	0	0
Total	130	0	0	0	130

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	130	0	0	0	130
Ethnicity Unknown	0	0	0	0	0
Total	130	0	0	0	130

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	18.00
Certified Aides	88.00
Other Health Staff	14.00
Non-Health Staff	45.00
Totals	180.00

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
35.2%	44.0%	2.2%	1.4%	17.1%	100.0%		
3,477,165	4,348,745	221,037	141,677	1,689,160	9,877,784	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Fair Oaks Health Care Center
471 W. Terra Cotta Ave.
Crystal Lake, IL. 60014

Reference Numbers

Facility ID	6002976	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

Administrator
Nicole Lopez

Contact Person and Telephone
Nicole Lopez
815-455-0550

Registered Agent Information
Nicole Lopez
471 W. Terra Cotta Ave.
Crystal Lake, IL 60014

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	44
Total Admissions 2017	502
Total Discharges 2017	504
Residents on 12/31/2017	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	4
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	21
Injuries and Poisonings	6
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 25

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	51	51	51	51	42	9	45	8
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	51	51	51	51	42	9	45	8

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7357	44.8%	1825	62.5%	0	804	5124	0	15110	81.2%	81.2%
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%
TOTALS	7357	44.8%	1825	62.5%	0	804	5124	0	15110	81.2%	81.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	0	1	0	1
65 to 74	5	2	0	0	0	0	0	0	5	2	7
75 to 84	2	9	0	0	0	0	0	0	2	9	11
85+	5	17	0	0	0	0	0	0	5	17	22
TOTALS	14	28	0	0	0	0	0	0	14	28	42

Fair Oaks Health Care Center
471 W. Terra Cotta Ave.
Crystal Lake, IL. 60014

Classification Numbers

Facility ID	6002976	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	5	0	2	18	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	5	0	2	18	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.50
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.50
LPN's	7.50
Certified Aides	27.00
Other Health Staff	8.50
Non-Health Staff	35.50
Totals	93.50

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
48.8%	11.6%	0.0%	5.2%	34.3%	100.0%		
1,995,879	475,960	0	213,034	1,403,691	4,088,564	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Fair Oaks Rehabilitation and Health Care Center
1515 Blackhawk Blvd
South Beloit, IL. 61080

Reference Numbers

Facility ID	6002984	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Patricia Tricker

Contact Person and Telephone
Patricia Tricker
815-389-3911

Registered Agent Information
Dan Maher
412 E. Lawrence St.
Springfield, IL 62703

Date Questionnaire Completed 5/8/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	70
Total Admissions 2017	157
Total Discharges 2017	159
Residents on 12/31/2017	68

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	4
Mental Illness	2
Developmental Disability	0
Circulatory System	20
Respiratory System	1
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	1
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	68

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	78	78	74	78	68	10	78	78
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	78	78	74	78	68	10	78	78

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4634	16.3%	10244	36.0%	0	464	9445	0	24787	87.1%	87.1%
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%
TOTALS	4634	16.3%	10244	36.0%	0	464	9445	0	24787	87.1%	87.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	4	13	0	0	0	0	0	0	4	13	17
85+	6	29	0	0	0	0	0	0	6	29	35
TOTALS	17	51	0	0	0	0	0	0	17	51	68

Fair Oaks Rehabilitation and Health Care Center
1515 Blackhawk Blvd
South Beloit, IL. 61080

Classification Numbers

Facility ID	6002984	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	34	0	1	21	0	68
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	34	0	1	21	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.75
LPN's	6.00
Certified Aides	23.50
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	55.25

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
40.6%	40.4%	0.0%	3.6%	15.4%	100.0%		
2,342,992	2,331,466	0	205,019	889,812	5,769,289	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Fairfield Memorial Hospital
NW 11th Street
Fairfield, IL. 62837

Reference Numbers

Facility ID	6003016	
Health Service Area	005	
Planning Service Area	191	Wayne
County	191	Wayne County

Administrator
Katherine J. Bunting Ph.D. LNHA

Contact Person and Telephone
Mary Knight
618-847-8243

Registered Agent Information
Patrick L. Molt, MD
303 NW 11th Street
Fairfield, IL 62837

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	18
Total Admissions 2017	109
Total Discharges 2017	109
Residents on 12/31/2017	18

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	30	25	25	25	18	12	30	0
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	30	25	25	25	18	12	30	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2910	26.6%	0	0.0%	0	644	4405	0	7959	72.7%	87.2%
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%
TOTALS	2910	26.6%	0	0.0%	0	644	4405	0	7959	72.7%	87.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	3	12	0	0	0	0	0	0	3	12	15
TOTALS	4	14	0	0	0	0	0	0	4	14	18

Fairfield Memorial Hospital
NW 11th Street
Fairfield, IL. 62837

Classification Numbers

Facility ID	6003016	
Health Service Area	005	
Planning Service Area	191	Wayne
County	191	Wayne County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	0	0	0	16	0	18
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	0	0	0	16	0	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	18	0	0	0	18
Race Unknown	0	0	0	0	0
Total	18	0	0	0	18

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	18	0	0	0	18
Ethnicity Unknown	0	0	0	0	0
Total	18	0	0	0	18

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	0.00
Certified Aides	13.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	26.00

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
82.1%	0.0%	0.0%	1.9%	16.0%	100.0%		
2,373,646	0	0	54,353	463,151	2,891,150	1,002,391	34.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Fairhaven Christian Retirement Center
3470 N. Alpine Rd.
Rockford, IL. 61114

Reference Numbers

Facility ID	6003024	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Thomas T. Bleed

Contact Person and Telephone
Jeffrey R. Reierson
815-877-1441 x1305

Registered Agent Information
Thomas T. Bleed
3470 N. Alpine Rd.
Rockford, IL 61114

Date Questionnaire Completed 4/12/2018

Continuing Care Retirement Community
Life Care Facility

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	146
Total Admissions 2017	89
Total Discharges 2017	102
Residents on 12/31/2017	133

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	15
Alzheimer Disease	20
Mental Illness	34
Developmental Disability	0
Circulatory System	16
Respiratory System	2
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	15
Injuries and Poisonings	3
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	133

Total Residents Diagnosed as Mentally Ill 75

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	96	91	87	91	85	11	0	96
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	90	90	67	90	48	42		
TOTAL BEDS	186	181	154	181	133	53	0	96

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	13134	37.5%	0	0	17309	0	30443	86.9%	91.7%
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	17500	2115	19615	59.7%	59.7%
TOTALS	0	0.0%	13134	37.5%	0	0	34809	2115	50058	73.7%	75.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	3	6	0	0	0	0	1	8	4	14	18
85+	23	51	0	0	0	0	6	33	29	84	113
TOTALS	27	58	0	0	0	0	7	41	34	99	133

Fairhaven Christian Retirement Center
3470 N. Alpine Rd.
Rockford, IL. 61114

Classification Numbers

Facility ID	6003024	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	34	0	0	51	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	39	9	48
TOTALS	0	34	0	0	90	9	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	85	0	0	48	133
Race Unknown	0	0	0	0	0
Total	85	0	0	48	133

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	85	0	0	48	133
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	48	133

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	8.70
LPN's	11.20
Certified Aides	34.50
Other Health Staff	4.20
Non-Health Staff	58.30
Totals	119.10

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
0.0%	11.3%	0.0%	0.0%	88.7%	100.0%		
0	1,287,460	0	0	10,060,633	11,348,093	638,837	5.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Fairmont Care
5061 North Pulaski
Chicago, IL. 60630

Reference Numbers

Facility ID	6001051	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 14 - Albany Park

Administrator
Safet Keljalic

Contact Person and Telephone
Safet Keljalic
773-604-8112

Registered Agent Information
Christopher Vicere
5061 North Pulaski
Chicago, IL 60630

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	144
Total Admissions 2017	268
Total Discharges 2017	267
Residents on 12/31/2017	145

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	10
Blood Disorders	8
*Nervous System Non Alzheimer	12
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	57
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	11
Injuries and Poisonings	12
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	145

Total Residents Diagnosed as Mentally Ill 100

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	186	186	150	186	145	41	128	157
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	186	186	150	186	145	41	128	157

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7378	15.8%	39474	68.9%	0	1585	4118	0	52555	77.4%	77.4%
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%
TOTALS	7378	15.8%	39474	68.9%	0	1585	4118	0	52555	77.4%	77.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	2	0	2
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	15	13	0	0	0	0	0	0	15	13	28
75 to 84	17	26	0	0	0	0	0	0	17	26	43
85+	9	54	0	0	0	0	0	0	9	54	63
TOTALS	48	97	0	0	0	0	0	0	48	97	145

Fairmont Care
5061 North Pulaski
Chicago, IL. 60630

Classification Numbers

Facility ID	6001051	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 14 - Albany Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	106	0	7	13	0	145
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	106	0	7	13	0	145

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	39	0	0	0	39
American Indian	22	0	0	0	22
Black	20	0	0	0	20
Hawaiian/Pacific Isl.	4	0	0	0	4
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	145	0	0	0	145

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	22	0	0	0	22
Non-Hispanic	123	0	0	0	123
Ethnicity Unknown	0	0	0	0	0
Total	145	0	0	0	145

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.50
LPN's	18.00
Certified Aides	50.00
Other Health Staff	15.50
Non-Health Staff	43.00
Totals	153.00

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
0.0%	80.5%	0.0%	7.7%	11.7%	100.0%		
4,522	7,369,099	0	709,492	1,073,553	9,156,666	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Fairview Haven, Inc
605 N Fourth St
Fairbury, IL. 61739

Reference Numbers

Facility ID	6003040	
Health Service Area	004	
Planning Service Area	105	Livingston
County	105	Livingston County

Administrator
David A Blunier

Contact Person and Telephone
David A Blunier
815-692-2572

Registered Agent Information
David A Blunier
605 N Fourth St
Fairbury, IL 61739

Date Questionnaire Completed 4/3/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	63
Total Admissions 2017	65
Total Discharges 2017	70
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	9
Mental Illness	26
Developmental Disability	0
Circulatory System	10
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	63	63	63	63	57	6	15	57
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	63	63	63	63	57	6	15	57

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1343	24.5%	1911	9.2%	17947	0	0	0	21201	92.2%	92.2%
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%
TOTALS	1343	24.5%	1911	9.2%	17947	0	0	0	21201	92.2%	92.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	13	8	0	0	0	0	0	0	13	8	21
85+	0	32	0	0	0	0	0	0	0	32	32
TOTALS	16	41	0	0	0	0	0	0	16	41	57

Fairview Haven, Inc
605 N Fourth St
Fairbury, IL. 61739

Classification Numbers

Facility ID	6003040	
Health Service Area	004	
Planning Service Area	105	Livingston
County	105	Livingston County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	5	0	0	49	0	57
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	5	0	0	49	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.20
LPN's	10.09
Certified Aides	36.05
Other Health Staff	0.77
Non-Health Staff	44.60
Totals	101.71

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
15.5%	7.3%	0.0%	0.0%	77.2%	100.0%		
851,932	402,219	0	0	4,240,201	5,494,352	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Fairview Nursing Center
602 E Jackson Street
Du Quoin, IL. 62832

Reference Numbers

Facility ID	6003099	
Health Service Area	005	
Planning Service Area	145	Perry
County	145	Perry County

Administrator
Randee Slover

Contact Person and Telephone
Kelli Boss
618-542-3441

Registered Agent Information
Kristen Powers
4300 Ashbury Ridge Drive
Newburgh, IN 47630

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	45
Total Admissions 2017	51
Total Discharges 2017	48
Residents on 12/31/2017	48

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	48

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	76	76	48	76	48	28	0	76
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	76	76	48	76	48	28	0	76

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1005	0.0%	9495	34.2%	0	216	6017	0	16733	60.3%	60.3%
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%
TOTALS	1005	0.0%	9495	34.2%	0	216	6017	0	16733	60.3%	60.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	0	8	0	0	0	0	0	0	0	8	8
85+	9	20	0	0	0	0	0	0	9	20	29
TOTALS	12	36	0	0	0	0	0	0	12	36	48

Fairview Nursing Center
602 E Jackson Street
Du Quoin, IL. 62832

Classification Numbers

Facility ID	6003099	
Health Service Area	005	
Planning Service Area	145	Perry
County	145	Perry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	26	0	3	19	0	48
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	26	0	3	19	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	48	0	0	0	48

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	48	0	0	0	48

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	3.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	10.00
Totals	26.00

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
22.3%	39.3%	0.0%	1.3%	37.1%	100.0%		
461,100	812,759	0	26,249	766,565	2,066,673	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAITH COUNTRYSIDE HOME
100 FAITH DRIVE
Highland, IL. 62249

Reference Numbers

Facility ID	6003107	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Gerald Harman

Contact Person and Telephone
Gerald Harman
618-651-3280

Registered Agent Information
Donald Johannes, Attorney at Law
1320 Broadway
Highland, IL 62249

Date Questionnaire Completed 3/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	68
Total Admissions 2017	60
Total Discharges 2017	68
Residents on 12/31/2017	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	8
Mental Illness	8
Developmental Disability	2
Circulatory System	6
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	11
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	76	76	71	76	60	16	14	76
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	76	76	71	76	60	16	14	76

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1888	36.9%	3760	13.6%	0	0	18794	365	24807	89.4%	89.4%
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%
TOTALS	1888	36.9%	3760	13.6%	0	0	18794	365	24807	89.4%	89.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	6	35	0	0	0	0	0	0	6	35	41
TOTALS	14	46	0	0	0	0	0	0	14	46	60

FAITH COUNTRYSIDE HOME
100 FAITH DRIVE
Highland, IL. 62249

Classification Numbers

Facility ID	6003107	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	10	0	0	48	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	10	0	0	48	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.50
LPN's	13.50
Certified Aides	30.85
Other Health Staff	7.50
Non-Health Staff	40.50
Totals	98.85

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
16.1%	13.0%	0.0%	0.0%	70.8%	100.0%		
730,288	591,166	0	0	3,211,349	4,532,803	50,000	1.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Farmer City Rehab & Health Care
404 Brookview Drive
Farmer City, IL. 61842

Reference Numbers

Facility ID	6004824	
Health Service Area	004	
Planning Service Area	039	DeWitt
County	039	DeWitt County

Administrator
Karen L. Jones

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/13/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	53
Total Admissions 2017	47
Total Discharges 2017	52
Residents on 12/31/2017	48

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	19
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	48

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	56	56	53	56	48	8	0	51
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	56	56	53	56	48	8	0	51

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	823	0.0%	10277	55.2%	0	0	7461	0	18561	90.8%	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%
TOTALS	823	0.0%	10277	55.2%	0	0	7461	0	18561	90.8%	90.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	0	1	0	1
65 to 74	5	2	0	0	0	0	0	0	5	2	7
75 to 84	2	8	0	0	0	0	0	0	2	8	10
85+	5	22	0	0	0	0	0	0	5	22	27
TOTALS	15	33	0	0	0	0	0	0	15	33	48

Farmer City Rehab & Health Care
404 Brookview Drive
Farmer City, IL. 61842

Classification Numbers

Facility ID	6004824	
Health Service Area	004	
Planning Service Area	039	DeWitt
County	039	DeWitt County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	27	0	0	17	0	48
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	27	0	0	17	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	0	0	0	0	0
Total	48	0	0	0	48

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	48	0	0	0	48

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	4.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	35.00

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
4.5%	54.1%	0.0%	0.5%	40.9%	100.0%		
125,039	1,501,356	0	14,905	1,135,047	2,776,347	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FARMINGTON COUNTRY MANOR
701 SOUTH MAIN
Farmington, IL. 61531

Reference Numbers

Facility ID	6003115	
Health Service Area	002	
Planning Service Area	057	Fulton
County	057	Fulton County

Administrator
Jennifer L. Baker

Contact Person and Telephone
Jennifer L. Baker
309-245-2407 x415

Registered Agent Information

Date Questionnaire Completed 4/5/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	74
Total Admissions 2017	134
Total Discharges 2017	139
Residents on 12/31/2017	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	25
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	7
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	92	92	77	92	69	23	92	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	77	92	69	23	92	92

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2311	6.9%	9692	28.9%	2936	699	6912	0	22550	67.2%	67.2%
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%
TOTALS	2311	6.9%	9692	28.9%	2936	699	6912	0	22550	67.2%	67.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	10	4	0	0	0	0	0	0	10	4	14
75 to 84	8	7	0	0	0	0	0	0	8	7	15
85+	7	32	0	0	0	0	0	0	7	32	39
TOTALS	26	43	0	0	0	0	0	0	26	43	69

FARMINGTON COUNTRY MANOR
701 SOUTH MAIN
Farmington, IL. 61531

Classification Numbers

Facility ID	6003115	
Health Service Area	002	
Planning Service Area	057	Fulton
County	057	Fulton County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	30	8	3	25	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	30	8	3	25	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	13.00
Certified Aides	31.00
Other Health Staff	11.00
Non-Health Staff	26.00
Totals	89.00

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
24.1%	25.7%	15.6%	6.4%	28.3%	100.0%		
1,391,541	1,481,097	898,490	368,657	1,633,101	5,772,886	6,474	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Fayette County Hospital and Long Term Care
650 W. Taylor
Vandalia, IL. 62471

Reference Numbers

Facility ID	6003123	
Health Service Area	005	
Planning Service Area	051	Fayette
County	051	Fayette County

Administrator
Dawn Welch

Contact Person and Telephone
Dawn Welch
618-283-5429

Registered Agent Information

Date Questionnaire Completed 4/13/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	44
Total Admissions 2017	69
Total Discharges 2017	66
Residents on 12/31/2017	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	6
Mental Illness	10
Developmental Disability	0
Circulatory System	12
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	4
TOTALS	47

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	85	85	49	85	47	38	85	60
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	85	85	49	85	47	38	85	60

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	617	2.0%	490	2.2%	0	0	919	0	2026	6.5%	6.5%
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%
TOTALS	617	2.0%	490	2.2%	0	0	919	0	2026	6.5%	6.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	1	8	0	0	0	0	0	0	1	8	9
85+	8	27	0	0	0	0	0	0	8	27	35
TOTALS	11	36	0	0	0	0	0	0	11	36	47

Fayette County Hospital and Long Term Care
650 W. Taylor
Vandalia, IL. 62471

Classification Numbers

Facility ID	6003123	
Health Service Area	005	
Planning Service Area	051	Fayette
County	051	Fayette County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	17	0	0	30	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	17	0	0	30	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.94
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.44
LPN's	5.13
Certified Aides	21.02
Other Health Staff	5.38
Non-Health Staff	12.80
Totals	49.71

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
8.5%	27.7%	0.0%	0.0%	63.8%	100.0%		
234,898	762,728	0	0	1,756,188	2,753,814	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Fireside House of Centralia
1030 Martin Luther King Drive
Centralia, IL. 62801

Reference Numbers

Facility ID	6001614	
Health Service Area	005	
Planning Service Area	121	Marion
County	121	Marion County

Administrator
Kathy Berck

Contact Person and Telephone
Lisa Hill
618-532-1833

Registered Agent Information

Date Questionnaire Completed 3/5/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	80
Total Admissions 2017	381
Total Discharges 2017	374
Residents on 12/31/2017	87

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	14
Blood Disorders	2
*Nervous System Non Alzheimer	11
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	0
Circulatory System	21
Respiratory System	17
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	87

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	89	98	87	11	51	98
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	98	98	89	98	87	11	51	98

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5565	29.9%	18500	51.7%	150	868	5364	0	30447	85.1%	85.1%
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%
TOTALS	5565	29.9%	18500	51.7%	150	868	5364	0	30447	85.1%	85.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	0	1	0	1
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	7	21	0	0	0	0	0	0	7	21	28
85+	7	32	0	0	0	0	0	0	7	32	39
TOTALS	22	65	0	0	0	0	0	0	22	65	87

Fireside House of Centralia
1030 Martin Luther King Drive
Centralia, IL. 62801

Classification Numbers

Facility ID	6001614	
Health Service Area	005	
Planning Service Area	121	Marion
County	121	Marion County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	49	1	1	0	14	87
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	49	1	1	0	14	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	87	0	0	0	87

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	7.00
Certified Aides	29.00
Other Health Staff	6.00
Non-Health Staff	22.00
Totals	74.00

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
44.3%	41.6%	0.7%	0.3%	13.1%	100.0%		
3,187,276	2,991,977	49,512	19,830	941,418	7,190,013	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

First Street Group Home
407 North First Street
Ashton , IL. 61006

Reference Numbers

Facility ID	6014450	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

Administrator
Patricia Howard

Contact Person and Telephone
Patricia Howard
815-288-6691 Ext.223

Registered Agent Information
Jeffrey Stauter
500 Anchor Road
Dixon, IL 61021

Date Questionnaire Completed 3/19/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	4
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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
TOTALS	4

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4	0.3%	0	0	0	0	4	0.3%	0.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4	0.3%	0	0	0	0	4	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	1	0	0	1	1	2
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	1	3	0	0	1	3	4

First Street Group Home
407 North First Street
Ashton , IL. 61006

Classification Numbers

Facility ID	6014450	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	4	0	4
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	4.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	6.75

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
0.0%	17.3%	82.6%	0.0%	0.2%	100.0%		
0	48,776	233,457	0	454	282,687	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Flanagan Rehabilitation and Health Care Center
201 E Falcon Hwy
Flanagan, IL. 61740

Reference Numbers

Facility ID	6000939	
Health Service Area	004	
Planning Service Area	105	Livingston
County	105	Livingston County

Administrator
Gregory Green

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/13/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	52
Total Admissions 2017	43
Total Discharges 2017	46
Residents on 12/31/2017	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	25
Alzheimer Disease	2
Mental Illness	3
Developmental Disability	0
Circulatory System	5
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	43	43	43	43	38	5	43	43
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	32	32	14	32	11	21		
TOTAL BEDS	75	75	57	75	49	26	43	43

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2815	17.9%	7633	48.6%	0	0	3628	0	14076	89.7%	89.7%
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	3920	0	3920	33.6%	33.6%
TOTALS	2815	17.9%	7633	48.6%	0	0	7548	0	17996	65.7%	65.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	2	2	3	5
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	1	5	0	0	0	0	1	0	2	5	7
75 to 84	7	4	0	0	0	0	0	2	7	6	13
85+	8	7	0	0	0	0	1	4	9	11	20
TOTALS	19	19	0	0	0	0	3	8	22	27	49

Flanagan Rehabilitation and Health Care Center
201 E Falcon Hwy
Flanagan, IL. 61740

Classification Numbers

Facility ID	6000939	
Health Service Area	004	
Planning Service Area	105	Livingston
County	105	Livingston County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	20	0	0	10	0	38
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	11	0	11
TOTALS	8	20	0	0	21	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	11	49
Race Unknown	0	0	0	0	0
Total	38	0	0	11	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	38	0	0	11	49
Ethnicity Unknown	0	0	0	0	0
Total	38	0	0	11	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	19.00
Other Health Staff	2.00
Non-Health Staff	18.00
Totals	50.00

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
25.1%	40.5%	0.0%	0.6%	33.8%	100.0%		
700,786	1,132,723	0	16,258	945,380	2,795,147	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Flora Gardens Care Center
701 Shadwell St.
Flora, IL. 62839

Reference Numbers

Facility ID	6003172	
Health Service Area	005	
Planning Service Area	025	Clay
County	025	Clay County

Administrator
Pam Goodman

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/21/2018

Life Care Facility

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	48
Total Admissions 2017	54
Total Discharges 2017	54
Residents on 12/31/2017	48

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	27
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	48

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	97	97	48	97	48	49	56	110
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	97	97	48	97	48	49	56	110

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2334	11.4%	11646	29.0%	0	23	3602	0	17605	49.7%	49.7%
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%
TOTALS	2334	11.4%	11646	29.0%	0	23	3602	0	17605	49.7%	49.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	3	0	3
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	4	18	0	0	0	0	0	0	4	18	22
TOTALS	15	33	0	0	0	0	0	0	15	33	48

Flora Gardens Care Center
701 Shadwell St.
Flora, IL. 62839

Classification Numbers

Facility ID	6003172	
Health Service Area	005	
Planning Service Area	025	Clay
County	025	Clay County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	29	2	0	11	0	48
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	29	2	0	11	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	0	0	0	0	0
Total	48	0	0	0	48

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	48	0	0	0	48

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	1.00
Certified Aides	16.00
Other Health Staff	2.00
Non-Health Staff	15.00
Totals	42.00

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
17.1%	61.4%	0.0%	1.1%	20.4%	100.0%		
453,157	1,622,728	0	29,944	539,041	2,644,870	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Flora Rehabilitation and Helath Care Center
232 Given Street
Flora, IL. 62839

Reference Numbers

Facility ID	6003156	
Health Service Area	005	
Planning Service Area	025	Clay
County	025	Clay County

Administrator
Tabatha Sides

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/19/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	45
Total Admissions 2017	57
Total Discharges 2017	59
Residents on 12/31/2017	43

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	4
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	43

Total Residents Diagnosed as Mentally Ill 26

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	47	99	43	56	99	99
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	99	99	47	99	43	56	99	99

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2119	5.9%	12033	33.3%	0	4	1469	0	15625	43.2%	43.2%
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%
TOTALS	2119	5.9%	12033	33.3%	0	4	1469	0	15625	43.2%	43.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	4	0	0	0	0	0	0	2	4	6
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	5	1	0	0	0	0	0	0	5	1	6
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	19	24	0	0	0	0	0	0	19	24	43

Flora Rehabilitation and Helath Care Center
232 Given Street
Flora, IL. 62839

Classification Numbers

Facility ID	6003156	
Health Service Area	005	
Planning Service Area	025	Clay
County	025	Clay County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	33	0	0	4	0	43
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	33	0	0	4	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	43	0	0	0	43
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	0	43

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	17.00
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
18.6%	73.7%	0.0%	0.5%	7.3%	100.0%		
429,907	1,705,833	0	10,624	168,749	2,315,113	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Florence Nursing Home
546 East Grant Highway
Marengo, IL. 60152

Reference Numbers

Facility ID	6003180	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

Administrator
KATHI MILLER

Contact Person and Telephone
KATHI MILLER
815-568-8322

Registered Agent Information

Date Questionnaire Completed 4/12/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	43
Total Admissions 2017	107
Total Discharges 2017	106
Residents on 12/31/2017	44

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	3
Mental Illness	4
Developmental Disability	2
Circulatory System	8
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	44

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	56	56	0	56	44	12	27	34
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	56	56	0	56	44	12	27	34

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2873	29.2%	9777	78.8%	0	0	3212	0	15862	77.6%	77.6%
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%
TOTALS	2873	29.2%	9777	78.8%	0	0	3212	0	15862	77.6%	77.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	4	22	0	0	0	0	0	0	4	22	26
TOTALS	13	31	0	0	0	0	0	0	13	31	44

Florence Nursing Home
546 East Grant Highway
Marengo, IL. 60152

Classification Numbers

Facility ID	6003180	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	27	0	0	8	0	44
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	27	0	0	8	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	44	0	0	0	44

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	2.00
Certified Aides	18.00
Other Health Staff	3.00
Non-Health Staff	9.00
Totals	40.00

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
42.8%	40.7%	0.0%	0.0%	16.4%	100.0%		
1,633,838	1,552,198	0	0	627,210	3,813,246	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Flossmoor Terrace
3951 W 190th St
Flossmoor, IL. 60422

Reference Numbers

Facility ID	6014088	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Rich Township

Administrator
Kristin Low

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	3
Total Admissions 2017	2
Total Discharges 2017	1
Residents on 12/31/2017	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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
TOTALS	4

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1186	81.2%	0	0	0	0	1186	81.2%	81.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1186	81.2%	0	0	0	0	1186	81.2%	81.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	1	0	0	1	1	2
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	1	3	0	0	1	3	4

Flossmoor Terrace
3951 W 190th St
Flossmoor, IL. 60422

Classification Numbers

Facility ID	6014088	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Rich Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	1	0	1
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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
0.0%	84.9%	0.0%	0.0%	15.1%	100.0%		
0	223,264	0	0	39,852	263,116	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Fondulac Rehabilitation & Health Care Center
901 Illini Drive
East Peoria, IL. 61611

Reference Numbers

Facility ID	6003198	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Ryan Mehaffy

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/20/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	62
Total Admissions 2017	116
Total Discharges 2017	122
Residents on 12/31/2017	56

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	22
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	8
Mental Illness	5
Developmental Disability	0
Circulatory System	4
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	56

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	72	98	56	42	98	98
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	98	98	72	98	56	42	98	98

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1500	4.2%	18627	52.1%	0	0	2334	0	22461	62.8%	62.8%
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%
TOTALS	1500	4.2%	18627	52.1%	0	0	2334	0	22461	62.8%	62.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	3	1	4
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	7	7	0	0	0	0	0	0	7	7	14
TOTALS	26	30	0	0	0	0	0	0	26	30	56

Fondulac Rehabilitation & Health Care Center
901 Illini Drive
East Peoria, IL. 61611

Classification Numbers

Facility ID	6003198	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	50	0	0	3	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	50	0	0	3	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	1	0	0	0	1
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	11.00
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	65.00

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
7.7%	80.2%	0.0%	0.7%	11.4%	100.0%		
252,634	2,630,290	0	23,508	373,639	3,280,071	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Forest City Rehab and Nursing
321 Arnold Ave.
Rockford, IL. 61108

Reference Numbers

Facility ID	6001135	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Anthony Valentino

Contact Person and Telephone
Anthony Valentino
815-397-5531

Registered Agent Information
Abraham Gutnicki
4711 Golf Rd Ste 200
Skokie, IL 60076

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	188
Total Admissions 2017	99
Total Discharges 2017	109
Residents on 12/31/2017	178

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	21
Alzheimer Disease	0
Mental Illness	90
Developmental Disability	6
Circulatory System	15
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	6
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	178

Total Residents Diagnosed as Mentally Ill 90

Total Residents Reported as Identified Offenders 38

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	213	213	192	213	178	35	99	213
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	213	213	192	213	178	35	99	213

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2281	6.3%	61042	78.5%	3549	60	497	0	67429	86.7%	86.7%
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%
TOTALS	2281	6.3%	61042	78.5%	3549	60	497	0	67429	86.7%	86.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	5	0	0	0	0	0	0	9	5	14
45 to 59	29	23	0	0	0	0	0	0	29	23	52
60 to 64	24	13	0	0	0	0	0	0	24	13	37
65 to 74	27	25	0	0	0	0	0	0	27	25	52
75 to 84	8	11	0	0	0	0	0	0	8	11	19
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	98	80	0	0	0	0	0	0	98	80	178

Forest City Rehab and Nursing
321 Arnold Ave.
Rockford, IL. 61108

Classification Numbers

Facility ID	6001135	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	160	9	0	2	0	178
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	160	9	0	2	0	178

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	21	0	0	0	21
Hawaiian/Pacific Isl.	0	0	0	0	0
White	154	0	0	0	154
Race Unknown	1	0	0	0	1
Total	178	0	0	0	178

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	172	0	0	0	172
Ethnicity Unknown	1	0	0	0	1
Total	178	0	0	0	178

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.20
LPN's	48.60
Certified Aides	89.00
Other Health Staff	16.60
Non-Health Staff	43.40
Totals	203.80

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
13.5%	80.7%	4.7%	1.0%	0.1%	100.0%		
1,258,722	7,502,911	435,051	93,600	10,242	9,300,526	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Forest View Rehabilitation and Nursing Center
535 South Elm Street
Itasca, IL. 60143

Reference Numbers

Facility ID	6000483	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Addison Township

Administrator
Margaux Dominguez

Contact Person and Telephone
Margaux Dominguez
630-773-9416

Registered Agent Information
Michelle Bush
240 Fencl Lane
HIllside, IL 60162

Date Questionnaire Completed 3/21/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	106
Total Admissions 2017	92
Total Discharges 2017	86
Residents on 12/31/2017	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	8
Mental Illness	43
Developmental Disability	0
Circulatory System	30
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 14

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	144	125	122	125	112	32	76	144
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	144	125	122	125	112	32	76	144

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2684	9.7%	33924	64.5%	3360	351	956	0	41275	78.5%	90.5%
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%
TOTALS	2684	9.7%	33924	64.5%	3360	351	956	0	41275	78.5%	90.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	7	0	0	0	0	0	0	7	7	14
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	14	17	0	0	0	0	0	0	14	17	31
75 to 84	9	22	0	0	0	0	0	0	9	22	31
85+	10	20	0	0	0	0	0	0	10	20	30
TOTALS	43	69	0	0	0	0	0	0	43	69	112

Forest View Rehabilitation and Nursing Center
535 South Elm Street
Itasca, IL. 60143

Classification Numbers

Facility ID	6000483	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Addison Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	27	71	1	3	0	112
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	27	71	1	3	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	23	0	0	0	23
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	20	0	0	0	20
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	9	0	0	0	9
Total	112	0	0	0	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	12.00
Certified Aides	44.00
Other Health Staff	4.00
Non-Health Staff	36.00
Totals	112.00

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
17.6%	77.8%	0.0%	2.1%	2.5%	100.0%		
1,544,850	6,809,238	0	185,005	216,214	8,755,307	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FORTY FOURTH STREET PLACE
1479 S. 44TH STREET
Decatur, IL. 62521

Reference Numbers

Facility ID	6013544	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
VALERIE POLING

Contact Person and Telephone
DAVE JACOBUS
217-763-2191

Registered Agent Information
DAVE JACOBUS
2576 N. GREENWAY ROAD
Cerro Gordo, IL 61818

Date Questionnaire Completed 4/16/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	6
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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
TOTALS	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2106	96.2%	0	0	0	0	2106	96.2%	96.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2106	96.2%	0	0	0	0	2106	96.2%	96.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	1	0	0	0	1	1
18 to 44	0	0	0	0	0	1	0	0	0	1	1
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	0	6	0	0	0	6	6

FORTY FOURTH STREET PLACE
1479 S. 44TH STREET
Decatur, IL. 62521

Classification Numbers

Facility ID	6013544	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	3.50
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	4.50

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%	91.1%	0.0%	0.0%	8.9%	100.0%		
0	352,054	0	0	34,248	386,302	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FOSTER HEALTH & REHAB CENTER
2840 WEST FOSTER AVENUE
Chicago, IL. 60625

Reference Numbers

Facility ID	6000137	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 4 - Lincoln Square

Administrator
Michael Donovan

Contact Person and Telephone
Michael Donovan
773-561-2040

Registered Agent Information
Judd Schneider
2835 West North Shore Ave
Chicago, IL 60645

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	39
Total Admissions 2017	40
Total Discharges 2017	43
Residents on 12/31/2017	36

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	3
Developmental Disability	0
Circulatory System	11
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	36

Total Residents Diagnosed as Mentally Ill 18

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	46	46	0	46	36	10	0	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	46	46	0	46	36	10	0	48

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1085	0.0%	12501	71.4%	0	0	588	0	14174	84.4%	84.4%
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%
TOTALS	1085	0.0%	12501	71.4%	0	0	588	0	14174	84.4%	84.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	2	9	0	0	0	0	0	0	2	9	11
85+	1	6	0	0	0	0	0	0	1	6	7
TOTALS	12	24	0	0	0	0	0	0	12	24	36

FOSTER HEALTH & REHAB CENTER
2840 WEST FOSTER AVENUE
Chicago, IL. 60625

Classification Numbers

Facility ID	6000137	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 4 - Lincoln Square

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	32	0	0	0	0	36
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	32	0	0	0	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	31	0	0	0	31
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	33	0	0	0	33
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	3.75
LPN's	7.00
Certified Aides	22.30
Other Health Staff	7.28
Non-Health Staff	16.83
Totals	60.16

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
19.9%	75.9%	0.0%	0.0%	4.2%	100.0%		
557,344	2,127,412	0	0	117,782	2,802,538	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FOSTERBURG TERRACE
4617 WONDERLAND DRIVE
Alton, IL. 62002

Reference Numbers

Facility ID	6013973	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
DIANE TEBBE

Contact Person and Telephone
DIANE TEBBE
618-465-0044

Registered Agent Information

Date Questionnaire Completed 4/18/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	3
Total Discharges 2017	5
Residents on 12/31/2017	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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
TOTALS	13

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	13	3	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4877	83.5%	0	0	0	0	4877	83.5%	83.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4877	83.5%	0	0	0	0	4877	83.5%	83.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	2	0	0	6	2	8
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	11	2	0	0	11	2	13

FOSTERBURG TERRACE
4617 WONDERLAND DRIVE
Alton, IL. 62002

Classification Numbers

Facility ID	6013973	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0		0	
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0		0	

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.33
Registered Nurses	0.33
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	12.66

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
0.0%	84.7%	15.2%	0.0%	0.1%	100.0%		
0	523,342	94,005	0	536	617,883	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Franciscan Village
1260 Franciscan Drive
Lemont, IL. 60439

Reference Numbers

Facility ID	6012413	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lemont Township

Administrator
Sylvia Czerwinski

Contact Person and Telephone
Kathleen Kelly
331-318-5120

Registered Agent Information
CT Corporation
208 South LaSalle Street
Chicago, IL 60604

Date Questionnaire Completed 4/13/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	105
Total Admissions 2017	423
Total Discharges 2017	412
Residents on 12/31/2017	116

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	4
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	22
Respiratory System	5
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	27
Injuries and Poisonings	6
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	116

Total Residents Diagnosed as Mentally Ill 90

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	127	127	120	127	116	11	38	33
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	127	127	120	127	116	11	38	33

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9212	66.4%	8603	71.4%	0	1344	21188	0	40347	87.0%	87.0%
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%
TOTALS	9212	66.4%	8603	71.4%	0	1344	21188	0	40347	87.0%	87.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	4	0	0	0	0	0	0	2	4	6
75 to 84	8	16	0	0	0	0	0	0	8	16	24
85+	13	71	0	0	0	0	0	0	13	71	84
TOTALS	24	92	0	0	0	0	0	0	24	92	116

Franciscan Village
1260 Franciscan Drive
Lemont, IL. 60439

Classification Numbers

Facility ID	6012413	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lemont Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	27	0	6	66	0	116
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	27	0	6	66	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	0	0	0	0	0
Total	116	0	0	0	116

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	116	0	0	0	116

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.30
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	11.00
Certified Aides	56.25
Other Health Staff	2.00
Non-Health Staff	47.50
Totals	146.05

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
39.0%	8.3%	0.0%	3.9%	48.9%	100.0%		
5,436,599	1,152,707	0	537,120	6,810,113	13,936,539	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Frankfort Healthcare & Rehab
2500 e St Louis St
West Frankfort, IL. 62896

Reference Numbers

Facility ID	6003289	
Health Service Area	005	
Planning Service Area	055	Franklin
County	055	Franklin County

Administrator
Susie Williams

Contact Person and Telephone
Susie Williams
618-932-3236

Registered Agent Information

Date Questionnaire Completed 3/8/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	46
Total Admissions 2017	71
Total Discharges 2017	65
Residents on 12/31/2017	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	1
Circulatory System	7
Respiratory System	3
Digestive System	9
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	57	57	54	57	52	5	0	57
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	57	57	54	57	52	5	0	57

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1753	0.0%	13793	66.3%	7	7	2192	0	17752	85.3%	85.3%
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%
TOTALS	1753	0.0%	13793	66.3%	7	7	2192	0	17752	85.3%	85.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	2	0	0	0	0	0	0	2	2	4
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	2	15	0	0	0	0	0	0	2	15	17
85+	5	15	0	0	0	0	0	0	5	15	20
TOTALS	15	37	0	0	0	0	0	0	15	37	52

Frankfort Healthcare & Rehab
2500 e St Louis St
West Frankfort, IL. 62896

Classification Numbers

Facility ID	6003289	
Health Service Area	005	
Planning Service Area	055	Franklin
County	055	Franklin County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	41	0	0	6	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	41	0	0	6	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	2.00
Certified Aides	11.00
Other Health Staff	1.00
Non-Health Staff	7.00
Totals	26.00

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
28.3%	59.6%	0.0%	1.9%	10.1%	100.0%		
800,137	1,687,355	820	54,837	286,880	2,830,029	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Frankfort Terrace Nursing Center
40 North Smith Street
Frankfort , IL. 60423

Reference Numbers

Facility ID	6003297	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Judith Majchrowicz

Contact Person and Telephone
Judith Majchrowicz
815-469-3156

Registered Agent Information
Thomas Hein
1 S 433 Summit Drive Suite 204 A & B
Oakbrook Terrace, IL 60181

Date Questionnaire Completed 4/4/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	104
Total Admissions 2017	35
Total Discharges 2017	39
Residents on 12/31/2017	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	95
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 95

Total Residents Reported as Identified Offenders 16

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	120	120	100	20	0	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	120	120	100	20	0	120

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	33890	77.4%	0	0	0	0	33890	77.4%	77.4%
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%
TOTALS	0	0.0%	33890	77.4%	0	0	0	0	33890	77.4%	77.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	6	0	0	0	0	0	0	6	6	12
45 to 59	23	18	0	0	0	0	0	0	23	18	41
60 to 64	7	6	0	0	0	0	0	0	7	6	13
65 to 74	14	11	0	0	0	0	0	0	14	11	25
75 to 84	4	4	0	0	0	0	0	0	4	4	8
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	54	46	0	0	0	0	0	0	54	46	100

Frankfort Terrace Nursing Center
40 North Smith Street
Frankfort , IL. 60423

Classification Numbers

Facility ID	6003297	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	100	0	0	0	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	100	0	0	0	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	39	0	0	0	39
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	20.00
Other Health Staff	10.00
Non-Health Staff	48.00
Totals	89.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	4,329,064	0	0	0	4,329,064	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Franklin Grove Group Home
408 North Elm Street P.O.Box 5
Franklin Grove , IL. 61031

Reference Numbers

Facility ID	6013890	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

Administrator
Patricia Howard

Contact Person and Telephone
Patricia Howard
815-288-6691 Ext. 223

Registered Agent Information
Jeffrey Stauter
500 Anchor Road
Dixon, IL 61021

Date Questionnaire Completed 3/19/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	6
Total Admissions 2017	3
Total Discharges 2017	4
Residents on 12/31/2017	5

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	5
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
TOTALS	5

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	5	6	5	1		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	5	6	5	1	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5	0.2%	0	0	0	0	5	0.2%	0.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5	0.2%	0	0	0	0	5	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	0	0	0	5	0	5
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	5	0	0	0	5	0	5

Franklin Grove Group Home
408 North Elm Street P.O.Box 5
Franklin Grove , IL. 61031

Classification Numbers

Facility ID	6013890	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		5	0	0	0	0	5
Sheltered Care			0	0	0	0	0
TOTALS	0	5	0	0	0	0	5

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	5	0	5

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	5	0	5
Total	0	0	5	0	5

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	5.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	7.75

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
0.0%	7.1%	92.3%	0.0%	0.6%	100.0%		
0	19,218	250,326	0	1,723	271,267	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRANKLIN GROVE LIVING & REHAB CENTER
502 N. STATE ST.
Franklin Grove , IL. 61031-9773

Reference Numbers

Facility ID	6003305	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

Administrator
DAVID ZUCKERMAN

Contact Person and Telephone
REBECCA FRIEDMAN
847-982-2300

Registered Agent Information
Mr. Sheldon Wolfe
7434 N. Skokie Blvd.
Skokie, IL 60077

Date Questionnaire Completed 4/16/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	77
Total Admissions 2017	140
Total Discharges 2017	135
Residents on 12/31/2017	82

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	71
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	121	121	121	121	82	39	132	132
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	121	121	121	121	82	39	132	132

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4094	8.5%	14884	30.9%	0	0	9012	0	27990	63.4%	63.4%
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%
TOTALS	4094	8.5%	14884	30.9%	0	0	9012	0	27990	63.4%	63.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	0	0	0	0	0	0	0	5	0	5
75 to 84	9	18	0	0	0	0	0	0	9	18	27
85+	6	40	0	0	0	0	0	0	6	40	46
TOTALS	22	60	0	0	0	0	0	0	22	60	82

FRANKLIN GROVE LIVING & REHAB CENTER
502 N. STATE ST.
Franklin Grove , IL. 61031-9773

Classification Numbers

Facility ID	6003305	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	44	0	0	22	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	44	0	0	22	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	82	0	0	0	82
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	10.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	74.00
Totals	104.00

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
36.9%	32.5%	0.0%	0.0%	30.6%	100.0%		
2,072,256	1,825,411	0	0	1,720,347	5,618,014	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

5/24/2016 Added 11 Nursing Care beds; facility now has 132 Nursing Care beds.

Freeburg Care Center
746 Urbanna Drive
Freeburg , IL. 62243

Reference Numbers

Facility ID	6003321	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Amy Bonta

Contact Person and Telephone
Amy Bonta
618-539-5856

Registered Agent Information
Larry Rhutasel
4 Industrial Drive
Freeburg, IL 62243

Date Questionnaire Completed 4/13/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	94
Total Admissions 2017	107
Total Discharges 2017	110
Residents on 12/31/2017	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	32
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	118	108	107	107	91	27	20	118
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	118	108	107	107	91	27	20	118

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3396	46.5%	11438	26.6%	0	703	20140	0	35677	82.8%	90.5%
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%
TOTALS	3396	46.5%	11438	26.6%	0	703	20140	0	35677	82.8%	90.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
65 to 74	8	5	0	0	0	0	0	0	8	5	13
75 to 84	9	21	0	0	0	0	0	0	9	21	30
85+	14	31	0	0	0	0	0	0	14	31	45
TOTALS	32	59	0	0	0	0	0	0	32	59	91

Freeburg Care Center
746 Urbanna Drive
Freeburg , IL. 62243

Classification Numbers

Facility ID	6003321	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	26	0	0	56	0	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	26	0	0	56	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	91	0	0	0	91
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	10.00
Certified Aides	31.00
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	77.00

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
36.8%	19.5%	0.0%	0.5%	43.3%	100.0%		
2,599,649	1,373,912	0	32,697	3,053,345	7,059,603	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Freeburg Terrace
4 Hill Mine Road
Freeburg, IL. 62243

Reference Numbers

Facility ID	6012637	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Penelope Allen

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	2
Total Discharges 2017	2
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5646	96.7%	0	0	0	0	5646	96.7%	96.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5646	96.7%	0	0	0	0	5646	96.7%	96.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	5	2	0	0	5	2	7
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	10	6	0	0	10	6	16

Freeburg Terrace
4 Hill Mine Road
Freeburg, IL. 62243

Classification Numbers

Facility ID	6012637	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	79.2%	0.7%	0.0%	20.1%	100.0%		
0	532,524	4,533	0	135,328	672,385	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Freeport Terrace
2942 Highlandview Drive
Freeport , IL. 61032

Reference Numbers

Facility ID	6010854	
Health Service Area	001	
Planning Service Area	177	Stephenson
County	177	Stephenson County

Administrator
Roy Woessner

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	2
Total Discharges 2017	2
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5377	92.1%	0	0	0	0	5377	92.1%	92.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5377	92.1%	0	0	0	0	5377	92.1%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	4	0	0	3	4	7
45 to 59	0	0	0	0	6	1	0	0	6	1	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	10	5	0	0	10	5	15

Freeport Terrace
2942 Highlandview Drive
Freeport , IL. 61032

Classification Numbers

Facility ID	6010854	
Health Service Area	001	
Planning Service Area	177	Stephenson
County	177	Stephenson County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	79.5%	0.0%	0.0%	20.4%	100.0%		
0	530,249	260	0	136,209	666,718	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Friendship Manor
1209 21st Ave
Rock Island, IL. 61201

Reference Numbers

Facility ID	6003388	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

Administrator
Ted Pappas Jr.

Contact Person and Telephone
Karen Buchanan
309-794-4105

Registered Agent Information
Mark W. Schwiebert
329 18th St. Ste 300
Rock Island, IL 61201

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	75
Total Admissions 2017	247
Total Discharges 2017	241
Residents on 12/31/2017	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	3
Mental Illness	1
Developmental Disability	1
Circulatory System	11
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	81

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	94	94	82	86	81	13	94	62
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	94	94	82	86	81	13	94	62

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2291	6.7%	5315	23.5%	0	1860	17306	659	27431	80.0%	80.0%
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%
TOTALS	2291	6.7%	5315	23.5%	0	1860	17306	659	27431	80.0%	80.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	3	13	0	0	0	0	0	0	3	13	16
85+	11	53	0	0	0	0	0	0	11	53	64
TOTALS	15	66	0	0	0	0	0	0	15	66	81

Friendship Manor
1209 21st Ave
Rock Island, IL. 61201

Classification Numbers

Facility ID	6003388	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	15	0	0	58	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	15	0	0	58	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	5	0	0	0	5
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	81	0	0	0	81
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	16.00
Certified Aides	40.10
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	68.10

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
14.9%	10.2%	0.0%	12.2%	62.8%	100.0%		
1,013,062	692,270	0	830,323	4,273,050	6,808,705	159,822	2.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRIENDSHIP MANOR HEALTH CARE
485 S FRIENDSHIP DR
NASHVILLE , IL. 62263-1363

Reference Numbers

Facility ID	6015895	
Health Service Area	005	
Planning Service Area	189	Washington
County	189	Washington County

Administrator
HEATHER STICH

Contact Person and Telephone
DAWN MCCULLAH
618-327-3041

Registered Agent Information
HEATHER STICH
485 S FRIENDSHIP DR

Date Questionnaire Completed 4/4/2018

Life Care Facility

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	84
Total Admissions 2017	69
Total Discharges 2017	76
Residents on 12/31/2017	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	12
Developmental Disability	0
Circulatory System	18
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	1
Injuries and Poisonings	11
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	91	43	77	43	31	230
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	120	120	91	43	77	43	31	230

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2888	25.5%	14346	17.1%	0	51	13030	0	30315	69.2%	69.2%
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%
TOTALS	2888	25.5%	14346	17.1%	0	51	13030	0	30315	69.2%	69.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	1	0	0	0	0	0	0	2	1	3
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	10	12	0	0	0	0	0	0	10	12	22
85+	10	34	0	0	0	0	0	0	10	34	44
TOTALS	25	52	0	0	0	0	0	0	25	52	77

FRIENDSHIP MANOR HEALTH CARE
485 S FRIENDSHIP DR
NASHVILLE , IL. 62263-1363

Classification Numbers

Facility ID	6015895	
Health Service Area	005	
Planning Service Area	189	Washington
County	189	Washington County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	33	0	0	40	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	33	0	0	40	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	14.00
Certified Aides	20.00
Other Health Staff	12.00
Non-Health Staff	31.00
Totals	83.00

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
25.5%	41.0%	0.0%	2.5%	31.1%	100.0%		
1,296,226	2,084,848	0	124,762	1,579,240	5,085,076	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Friendship Skilled Nursing and Rehabilitation
826 North High Street
Carlinville, IL. 62626

Reference Numbers

Facility ID	6005979	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

Administrator
Barbara J. Lowry

Contact Person and Telephone
Barbara Lowry
217-854-9606

Registered Agent Information
Jennifer Miller-Louw
2015 W. Main Street #111
Carbondale, IL 62901

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	33
Total Admissions 2017	52
Total Discharges 2017	53
Residents on 12/31/2017	32

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	5
Mental Illness	3
Developmental Disability	0
Circulatory System	3
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	32

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	49	0	0	32	17	47	47
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	49	49	0	0	32	17	47	47

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1322	7.7%	2221	12.9%	0	128	1022	0	4693	26.2%	26.2%
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%
TOTALS	1322	7.7%	2221	12.9%	0	128	1022	0	4693	26.2%	26.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	1	0	1
65 to 74	0	5	0	0	0	0	0	0	0	5	5
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	4	13	0	0	0	0	0	0	4	13	17
TOTALS	8	24	0	0	0	0	0	0	8	24	32

Friendship Skilled Nursing and Rehabilitation
826 North High Street
Carlinville, IL. 62626

Classification Numbers

Facility ID	6005979	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	18	0	0	8	0	32
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	18	0	0	8	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	0	0	0	0	0
Total	32	0	0	0	32

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	13.00
Other Health Staff	1.00
Non-Health Staff	7.00
Totals	32.00

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
33.3%	35.0%	0.0%	2.5%	29.2%	100.0%		
748,428	786,237	0	55,134	655,247	2,245,046	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Friendship Village
350 W. Schaumburg Rd.
Schaumburg, IL. 60194

Reference Numbers

Facility ID	6003404	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Schaumburg Township

Administrator
Tony Madl

Contact Person and Telephone
Jeff Nyberg
847-843-4259

Registered Agent Information
Stephen A. Yenchek
350 West Schaumburg Rd.
Schaumburg, IL 60194

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	207
Total Admissions 2017	643
Total Discharges 2017	672
Residents on 12/31/2017	178

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	22
Blood Disorders	7
*Nervous System Non Alzheimer	4
Alzheimer Disease	11
Mental Illness	18
Developmental Disability	0
Circulatory System	33
Respiratory System	17
Digestive System	7
Genitourinary System Disorders	8
Skin Disorders	6
Musculo-skeletal Disorders	7
Injuries and Poisonings	6
Other Medical Conditions	27
Non-Medical Conditions	0
TOTALS	178

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	240	240	207	240	178	62	250	190
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	240	240	207	240	178	62	250	190

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	39	0.0%	32	0.0%	0	0	107	0	178	0.2%	0.2%
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%
TOTALS	39	0.0%	32	0.0%	0	0	107	0	178	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	12	27	0	0	0	0	0	0	12	27	39
85+	22	110	0	0	0	0	0	0	22	110	132
TOTALS	35	143	0	0	0	0	0	0	35	143	178

Friendship Village
350 W. Schaumburg Rd.
Schaumburg, IL. 60194

Classification Numbers

Facility ID	6003404	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Schaumburg Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	32	0	0	108	0	178
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	38	32	0	0	108	0	178

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	176	0	0	0	176
Race Unknown	0	0	0	0	0
Total	178	0	0	0	178

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	177	0	0	0	177
Ethnicity Unknown	0	0	0	0	0
Total	178	0	0	0	178

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	75.83
LPN's	8.18
Certified Aides	139.49
Other Health Staff	23.96
Non-Health Staff	89.64
Totals	339.10

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
31.4%	14.9%	0.0%	4.9%	48.8%	100.0%		
7,887,657	3,750,612	0	1,222,412	12,278,781	25,139,462	886,673	3.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Froehlich House
356 Michigan Ave.
Galesburg, IL. 61401

Reference Numbers

Facility ID	6010193	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

Administrator
Tiffany Lair

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	2
Total Discharges 2017	2
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5592	95.8%	0	0	0	0	5592	95.8%	95.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5592	95.8%	0	0	0	0	5592	95.8%	95.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	3	0	0	5	3	8
45 to 59	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	10	6	0	0	10	6	16

Froehlich House
356 Michigan Ave.
Galesburg, IL. 61401

Classification Numbers

Facility ID	6010193	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	83.9%	2.0%	0.0%	14.1%	100.0%		
0	583,497	13,581	0	98,158	695,236	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Gaines Mill Place
3310 Gaines Mill Road
Springfield, IL. 62704

Reference Numbers

Facility ID	6010235	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Glenn W. Miller

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	14
Total Admissions 2017	3
Total Discharges 2017	2
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4819	82.5%	0	0	0	0	4819	82.5%	82.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4819	82.5%	0	0	0	0	4819	82.5%	82.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	3	0	0	1	3	4
45 to 59	0	0	0	0	5	5	0	0	5	5	10
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	7	8	0	0	7	8	15

Gaines Mill Place
3310 Gaines Mill Road
Springfield, IL. 62704

Classification Numbers

Facility ID	6010235	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	3	0	3
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	79.6%	1.5%	0.0%	19.0%	100.0%		
0	453,750	8,427	0	108,163	570,340	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Galena Stauss Nursing Home
215 Summit Street
Galena, IL. 61036

Reference Numbers

Facility ID	6003438	
Health Service Area	001	
Planning Service Area	085	Jo Daviess
County	085	Jo Daviess County

Administrator
Jennifer Trebian

Contact Person and Telephone
Jennifer Trebian
815-776-7255

Registered Agent Information
Stephen Moore
100 Park Ave #1
Rockford, IL 61101

Date Questionnaire Completed 3/9/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	51
Total Admissions 2017	35
Total Discharges 2017	32
Residents on 12/31/2017	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	16
Developmental Disability	0
Circulatory System	8
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	1
TOTALS	54

Total Residents Diagnosed as Mentally Ill 43

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	57	57	55	57	54	3	57	57
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	57	57	55	57	54	3	57	57

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	12819	61.6%	0	0	5655	0	18474	88.8%	88.8%
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%
TOTALS	0	0.0%	12819	61.6%	0	0	5655	0	18474	88.8%	88.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	3	10	0	0	0	0	0	0	3	10	13
85+	10	24	0	0	0	0	0	0	10	24	34
TOTALS	17	37	0	0	0	0	0	0	17	37	54

Galena Stauss Nursing Home
215 Summit Street
Galena, IL. 61036

Classification Numbers

Facility ID	6003438	
Health Service Area	001	
Planning Service Area	085	Jo Daviess
County	085	Jo Daviess County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	32	0	0	22	0	54
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	32	0	0	22	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	54	0	0	0	54
Ethnicity Unknown	0	0	0	0	0
Total	54	0	0	0	54

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.75
LPN's	5.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	17.00
Totals	43.75

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
0.0%	36.2%	0.7%	0.1%	63.0%	100.0%		
494	1,156,363	23,497	3,352	2,014,955	3,198,661	5,811	0.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Gallatin Manor
900 West Race Street
Ridgway, IL. 62979

Reference Numbers

Facility ID	6007975	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline
County	059	Gallatin County

Administrator
Andrea Shaw

Contact Person and Telephone
Chaim Millman
845-414-3300

Registered Agent Information
Chaim Millman
VCORP AGENT SERVICES, INC.
Chicago, IL 60604

Date Questionnaire Completed 2/26/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	33
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	33

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	8
Mental Illness	5
Developmental Disability	0
Circulatory System	2
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	29

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	71	52	40	52	29	42	25	71
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	71	52	40	52	29	42	25	71

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	788	8.6%	10616	41.0%	0	0	1259	0	12663	48.9%	66.7%
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%
TOTALS	788	8.6%	10616	41.0%	0	0	1259	0	12663	48.9%	66.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	6	3	0	0	0	0	0	0	6	3	9
75 to 84	4	7	0	0	0	0	0	0	4	7	11
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	15	14	0	0	0	0	0	0	15	14	29

Gallatin Manor
900 West Race Street
Ridgway, IL. 62979

Classification Numbers

Facility ID	6007975	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline
County	059	Gallatin County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	26	0	0	2	0	29
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	26	0	0	2	0	29

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	29	0	0	0	29

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	29	0	0	0	29
Ethnicity Unknown	0	0	0	0	0
Total	29	0	0	0	29

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.50
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.22
LPN's	3.70
Certified Aides	11.51
Other Health Staff	2.80
Non-Health Staff	12.33
Totals	35.06

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/14/2016 Formerly Ridgway Manor and Ridgway Rehab and Nursing Center.

Garden Center Services ICF/DD
8345 S. Austin Avenue
Burbank, IL. 60459

Reference Numbers

Facility ID	6012561	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Stickney Township

Administrator
Sheryl Kincinas

Contact Person and Telephone
Sheryl Kincinas
708-398-6598

Registered Agent Information

Date Questionnaire Completed 5/9/2018

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	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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	15	0		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	15

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5075	92.7%	0	0	0	0	5075	92.7%	92.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5075	92.7%	0	0	0	0	5075	92.7%	92.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	0	0	0	2	0	2
45 to 59	0	0	0	0	3	6	0	0	3	6	9
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	3	0	0	0	3	3
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
TOTALS	0	0	0	0	5	10	0	0	5	10	15

Garden Center Services ICF/DD
8345 S. Austin Avenue
Burbank, IL. 60459

Classification Numbers

Facility ID	6012561	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Stickney Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.02
Director of Nursing	0.50
Registered Nurses	0.00
LPN's	0.50
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	11.02

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%	62.0%	18.3%	19.6%	0.0%	100.0%		
0	598,603	176,664	189,544	0	964,811	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Gardenview Manor
14792 Catlin Tilton Road
Danville, IL. 61834

Reference Numbers

Facility ID	6009567	
Health Service Area	004	
Planning Service Area	183	Vermilion
County	183	Vermilion County

Administrator
Rebeccah Garza

Contact Person and Telephone
Rebeccah Garza
217-443-6430

Registered Agent Information

Date Questionnaire Completed 4/27/2018

Continuing Care Retirement Community

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	118
Total Admissions 2017	169
Total Discharges 2017	179
Residents on 12/31/2017	108

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	0
Circulatory System	34
Respiratory System	20
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	108

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	213	0	0	0	108	105	142	237
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	213	0	0	0	108	105	142	237

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2576	5.0%	19946	23.1%	0	316	2401	0	25239	32.5%	0.0%
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%
TOTALS	2576	5.0%	19946	23.1%	0	316	2401	0	25239	32.5%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	5	2	0	0	0	0	0	0	5	2	7
60 to 64	8	7	0	0	0	0	0	0	8	7	15
65 to 74	16	8	0	0	0	0	0	0	16	8	24
75 to 84	12	26	0	0	0	0	0	0	12	26	38
85+	9	14	0	0	0	0	0	0	9	14	23
TOTALS	50	58	0	0	0	0	0	0	50	58	108

Gardenview Manor
14792 Catlin Tilton Road
Danville, IL. 61834

Classification Numbers

Facility ID	6009567	
Health Service Area	004	
Planning Service Area	183	Vermilion
County	183	Vermilion County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	81	0	5	12	0	108
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	81	0	5	12	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	108	0	0	0	108

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	1	0	0	0	1

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	12.00
Certified Aides	31.00
Other Health Staff	2.00
Non-Health Staff	21.00
Totals	79.00

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
31.5%	56.5%	2.9%	1.5%	7.6%	100.0%		
2,300,577	4,128,935	208,840	111,648	557,731	7,307,731	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GATEWAY REGIONAL MEDICAL CENTER SNF
2100 MADISON AVENUE
Granite City , IL. 62040

Reference Numbers

Facility ID	6008908	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
M. Edward Cunningham

Contact Person and Telephone
Dan Kernebeck
618-798-3623

Registered Agent Information
Corporate Service Company
2711 Centerville Road
Wilmington, DE 19808

Date Questionnaire Completed 4/27/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	5
Total Admissions 2017	107
Total Discharges 2017	112
Residents on 12/31/2017	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer 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
TOTALS	0

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	19	5	5	0	0	19	19	0
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	19	5	5	0	0	19	19	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	586	8.4%	0	0.0%	363	89	0	0	1038	15.0%	56.9%
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%
TOTALS	586	8.4%	0	0.0%	363	89	0	0	1038	15.0%	56.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	0	0	0	0	0	0	0

GATEWAY REGIONAL MEDICAL CENTER SNF
2100 MADISON AVENUE
Granite City , IL. 62040

Classification Numbers

Facility ID	6008908	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	0	0	0

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	0.00

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
43.6%	0.0%	0.0%	56.4%	0.0%	100.0%		
199,093	0	0	258,000	0	457,093	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GENERATIONS AT OAKTON PAVILION
1660 OAKTON PLACE
Des Plaines, IL. 60018

Reference Numbers

Facility ID	6006837	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

Administrator
Bert Barrish

Contact Person and Telephone
Bert Barrish
847-299-5588

Registered Agent Information
Thomas Winter
6840 North Lincoln Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/19/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	137
Total Admissions 2017	175
Total Discharges 2017	191
Residents on 12/31/2017	121

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	14
Alzheimer Disease	21
Mental Illness	19
Developmental Disability	0
Circulatory System	9
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	2
Injuries and Poisonings	11
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	121

Total Residents Diagnosed as Mentally Ill 104

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	294	294	131	294	121	173	275	152
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	294	294	131	294	121	173	275	152

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	1	3	4
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	8	1	0	0	0	0	0	0	8	1	9
75 to 84	12	26	0	0	0	0	0	0	12	26	38
85+	12	56	0	0	0	0	0	0	12	56	68
TOTALS	35	86	0	0	0	0	0	0	35	86	121

GENERATIONS AT OAKTON PAVILION
1660 OAKTON PLACE
Des Plaines, IL. 60018

Classification Numbers

Facility ID	6006837	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

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	6	0	17	0	121
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	90	6	0	17	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	10	0	0	0	10
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	111	0	0	0	111
Race Unknown	0	0	0	0	0
Total	121	0	0	0	121

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	117	0	0	0	117
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	11.00
Certified Aides	37.00
Other Health Staff	32.00
Non-Health Staff	36.00
Totals	134.00

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
20.1%	36.1%	7.0%	7.7%	29.1%	100.0%		
2,003,379	3,594,226	692,028	763,044	2,900,671	9,953,348	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/3/2016 Formerly Oakton Pavilion and Generations HCN at Oakton Pavilion.

Generations At Applewood
21020 Kostner Ave.
Matteson, IL. 60443

Reference Numbers

Facility ID	6000467	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Rich Township

Administrator
Cheryl Nelson

Contact Person and Telephone
Cheryl Nelson
708-747-1300

Registered Agent Information
Sarah Barrish
6840 Lincoln Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 5/11/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	84
Total Admissions 2017	113
Total Discharges 2017	103
Residents on 12/31/2017	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	2
Mental Illness	10
Developmental Disability	0
Circulatory System	38
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	3
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	86

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	115	95	115			115	115
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	115	115	95	115			115	115

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8035	19.1%	94569	######	1484	11783	0	115871	231742	552.1%	552.1%
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%
TOTALS	8035	19.1%	94569	######	1484	11783	0	115871	231742	552.1%	552.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	5	3	0	0	0	0	0	0	5	3	8
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	11	10	0	0	0	0	0	0	11	10	21
85+	4	30	0	0	0	0	0	0	4	30	34
TOTALS	30	54	0	0	0	0	0	0	30	54	84

Generations At Applewood
21020 Kostner Ave.
Matteson, IL. 60443

Classification Numbers

Facility ID	6000467	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Rich Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	66	0	2	7	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	66	0	2	7	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	56	0	0	0	56
Hawaiian/Pacific Isl.	0	0	0	0	0
White	26	0	0	0	26
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	16.00
Certified Aides	48.00
Other Health Staff	43.00
Non-Health Staff	2.00
Totals	122.00

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
27.3%	42.8%	3.6%	6.6%	19.6%	100.0%		
2,014,394	3,152,364	267,768	488,896	1,442,279	7,365,701	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/3/2016 Formerly Applewood Nursing & Rehab Center.

Generations at Columbus Park
901 South Austin Blvd.
Chicago, IL. 60644

Reference Numbers

Facility ID	6002067	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 25 - Austin

Administrator
Prentice Dixon

Contact Person and Telephone
Prentice Dixon
773-287-5959

Registered Agent Information
Tom Winter
6840 N. Lincoln Ave.
Lincolnwood, IL 60712

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	195
Total Admissions 2017	114
Total Discharges 2017	120
Residents on 12/31/2017	189

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	21
Alzheimer Disease	0
Mental Illness	84
Developmental Disability	0
Circulatory System	6
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	70
Non-Medical Conditions	0
TOTALS	189

Total Residents Diagnosed as Mentally Ill 84

Total Residents Reported as Identified Offenders 40

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	216	0	0	216	189	27	108	216
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	0	0	216	189	27	108	216

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2832	7.2%	69735	88.5%	0	337	287	0	73191	92.8%	0.0%
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%
TOTALS	2832	7.2%	69735	88.5%	0	337	287	0	73191	92.8%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	33	25	0	0	0	0	0	0	33	25	58
60 to 64	24	15	0	0	0	0	0	0	24	15	39
65 to 74	35	21	0	0	0	0	0	0	35	21	56
75 to 84	16	10	0	0	0	0	0	0	16	10	26
85+	5	1	0	0	0	0	0	0	5	1	6
TOTALS	115	74	0	0	0	0	0	0	115	74	189

Generations at Columbus Park
901 South Austin Blvd.
Chicago, IL. 60644

Classification Numbers

Facility ID	6002067	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 25 - Austin

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	170	0	0	0	0	189
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	170	0	0	0	0	189

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	113	0	0	0	113
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	2	0	0	0	2
Total	189	0	0	0	189

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	180	0	0	0	180
Ethnicity Unknown	2	0	0	0	2
Total	189	0	0	0	189

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	26.00
Certified Aides	41.00
Other Health Staff	5.00
Non-Health Staff	60.00
Totals	142.00

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
15.0%	73.8%	0.6%	1.2%	9.4%	100.0%		
1,632,468	8,043,451	60,919	133,377	1,024,312	10,894,527	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/3/2016 Formerly Columbus Park Nursing & Rehab Center.

GENERATIONS AT ELMWOOD PARK
7733 WEST GRAND AVENUE
Elmwood Park, IL. 60707

Reference Numbers

Facility ID	6008270	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Leyden Township

Administrator
Colleen Swanson

Contact Person and Telephone
Joshua Behr
708-452-9200

Registered Agent Information
Tom Winter
6840 North Lincoln Avenue
Liincolnwood, IL 60712

Date Questionnaire Completed 4/16/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	173
Total Admissions 2017	192
Total Discharges 2017	201
Residents on 12/31/2017	164

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	11
Mental Illness	29
Developmental Disability	0
Circulatory System	7
Respiratory System	35
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	57
Non-Medical Conditions	0
TOTALS	164

Total Residents Diagnosed as Mentally Ill 29

Total Residents Reported as Identified Offenders 13

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	245	245	164	245	164	81	245	245
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	245	245	164	245	164	81	245	245

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6593	7.4%	53637	60.0%	2366	1865	598	0	65059	72.8%	72.8%
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%
TOTALS	6593	7.4%	53637	60.0%	2366	1865	598	0	65059	72.8%	72.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	13	4	0	0	0	0	0	0	13	4	17
45 to 59	25	16	0	0	0	0	0	0	25	16	41
60 to 64	12	12	0	0	0	0	0	0	12	12	24
65 to 74	16	25	0	0	0	0	0	0	16	25	41
75 to 84	12	17	0	0	0	0	0	0	12	17	29
85+	2	10	0	0	0	0	0	0	2	10	12
TOTALS	80	84	0	0	0	0	0	0	80	84	164

GENERATIONS AT ELMWOOD PARK
7733 WEST GRAND AVENUE
Elmwood Park, IL. 60707

Classification Numbers

Facility ID	6008270	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Leyden Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	139	4	7	0	0	164
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	139	4	7	0	0	164

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	55	0	0	0	55
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	76	0	0	0	76
Total	136	0	0	0	136

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	28	0	0	0	28
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	28	0	0	0	28

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	29.00
Certified Aides	64.00
Other Health Staff	18.00
Non-Health Staff	96.00
Totals	226.00

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
22.0%	63.2%	2.2%	6.6%	6.0%	100.0%		
3,921,863	11,259,785	393,803	1,178,266	1,069,564	17,823,281	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/3/2016 Formerly Elmwood Care.

Generations at Lincoln
2202 N. KICKAPOO STREET
Lincoln, IL. 62656

Reference Numbers

Facility ID	6005490	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

Administrator

Contact Person and Telephone
ZENY ENGRACIA
847-645-6244

Registered Agent Information

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	75
Total Admissions 2017	152
Total Discharges 2017	143
Residents on 12/31/2017	84

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	0
Circulatory System	18
Respiratory System	11
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	84

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	126	126	89	126	84	42	99	126
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	126	126	89	126	84	42	99	126

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2898	8.0%	20925	45.5%	0	692	4318	0	28833	62.7%	62.7%
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%
TOTALS	2898	8.0%	20925	45.5%	0	692	4318	0	28833	62.7%	62.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	0	0	0	0	0	0	3	1	4
45 to 59	8	9	0	0	0	0	0	0	8	9	17
60 to 64	3	6	0	0	0	0	0	0	3	6	9
65 to 74	12	11	0	0	0	0	0	0	12	11	23
75 to 84	11	20	0	0	0	0	0	0	11	20	31
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	37	47	0	0	0	0	0	0	37	47	84

Generations at Lincoln
2202 N. KICKAPOO STREET
Lincoln, IL. 62656

Classification Numbers

Facility ID	6005490	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	66	0	0	7	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	66	0	0	7	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	23.00
Certified Aides	29.00
Other Health Staff	7.00
Non-Health Staff	46.00
Totals	112.00

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
25.9%	52.6%	0.0%	5.0%	16.5%	100.0%		
1,736,441	3,527,646	0	333,770	1,105,037	6,702,894	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Generations At Neighbors
811 West 2nd Street
Byron, IL. 61010

Reference Numbers

Facility ID	6006514	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

Administrator
Paul Michalsen

Contact Person and Telephone
Paul Michalsen
815-234-2511

Registered Agent Information
Thomas Winter
6840 North Lincoln Avenue
Lincolnwood, IL 60712

Date Questionnaire Completed 4/13/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	62
Total Admissions 2017	158
Total Discharges 2017	139
Residents on 12/31/2017	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	34
Developmental Disability	0
Circulatory System	21
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	81

Total Residents Diagnosed as Mentally Ill 64

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	131	131	90	131	80	51	131	131
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	131	131	90	131	80	51	131	131

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3022	6.3%	19552	40.9%	0	111	4900	0	27585	57.7%	57.7%
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%
TOTALS	3022	6.3%	19552	40.9%	0	111	4900	0	27585	57.7%	57.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	0	2
65 to 74	10	10	0	0	0	0	0	0	10	10	20
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	15	27	0	0	0	0	0	0	15	27	42
TOTALS	34	46	0	0	0	0	0	0	34	46	80

Generations At Neighbors
811 West 2nd Street
Byron, IL. 61010

Classification Numbers

Facility ID	6006514	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	57	0	0	17	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	57	0	0	17	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	7.00
Certified Aides	26.00
Other Health Staff	13.00
Non-Health Staff	43.00
Totals	95.00

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
21.5%	34.6%	6.0%	7.8%	30.1%	100.0%		
1,213,667	1,948,999	339,610	437,001	1,696,185	5,635,462	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/3/2016 Formerly Neighbors Nursing & Care Center and Neighbors Rehabilitation Center.

Generations at Regency
6631 North Milwaukee Ave
Niles, IL. 60714

Reference Numbers

Facility ID	6007793	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

Administrator
Joseph Javier

Contact Person and Telephone
Catherine A Flood
847-647-7444

Registered Agent Information
Thomas Winter
6840 Lincoln Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/16/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	197
Total Admissions 2017	200
Total Discharges 2017	207
Residents on 12/31/2017	190

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	31
Alzheimer Disease	0
Mental Illness	43
Developmental Disability	1
Circulatory System	36
Respiratory System	13
Digestive System	2
Genitourinary System Disorders	11
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	6
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	190

Total Residents Diagnosed as Mentally Ill 43

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	300	300	190	300	190	110	300	300
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	300	300	190	300	190	110	300	300

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7071	6.5%	21469	19.6%	26422	1126	6494	0	62582	57.2%	57.2%
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%
TOTALS	7071	6.5%	21469	19.6%	26422	1126	6494	0	62582	57.2%	57.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	7	4	0	0	0	0	0	0	7	4	11
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	18	19	0	0	0	0	0	0	18	19	37
75 to 84	24	29	0	0	0	0	0	0	24	29	53
85+	18	60	0	0	0	0	0	0	18	60	78
TOTALS	72	118	0	0	0	0	0	0	72	118	190

Generations at Regency
6631 North Milwaukee Ave
Niles, IL. 60714

Classification Numbers

Facility ID	6007793	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	55	89	4	18	0	190
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	55	89	4	18	0	190

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	153	0	0	0	153
Race Unknown	2	0	0	0	2
Total	172	0	0	0	172

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	18	0	0	0	18
Non-Hispanic	172	0	0	0	172
Ethnicity Unknown	0	0	0	0	0
Total	190	0	0	0	190

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	16.00
Certified Aides	44.00
Other Health Staff	1.00
Non-Health Staff	75.00
Totals	169.00

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
26.0%	47.8%	3.0%	5.4%	17.8%	100.0%		
4,299,859	7,918,017	501,417	891,959	2,949,941	16,561,193	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/3/2016 Formerly Regency Healthcare & Rehab Center and Regency Rehabilitation Center.

GENERATIONS AT ROCK ISLAND
2545 24TH STREET
Rock Island, IL. 61201

Reference Numbers

Facility ID	6008130	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

Administrator
Elizabeth Webster

Contact Person and Telephone
Elizabeth Webster
309-788-0458

Registered Agent Information
Tom Winter
6840 North Lincoln Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/23/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	102
Total Admissions 2017	103
Total Discharges 2017	107
Residents on 12/31/2017	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	16
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	17
Mental Illness	3
Developmental Disability	1
Circulatory System	23
Respiratory System	13
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	177	177	98	177	98	79	177	177
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	177	177	98	177	98	79	177	177

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	367	0.6%	2430	3.8%	147	72	81	0	3097	4.8%	4.8%
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%
TOTALS	367	0.6%	2430	3.8%	147	72	81	0	3097	4.8%	4.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	2	0	0	0	0	0	0	3	2	5
45 to 59	6	4	0	0	0	0	0	0	6	4	10
60 to 64	10	6	0	0	0	0	0	0	10	6	16
65 to 74	21	11	0	0	0	0	0	0	21	11	32
75 to 84	8	19	0	0	0	0	0	0	8	19	27
85+	1	7	0	0	0	0	0	0	1	7	8
TOTALS	49	49	0	0	0	0	0	0	49	49	98

GENERATIONS AT ROCK ISLAND
2545 24TH STREET
Rock Island, IL. 61201

Classification Numbers

Facility ID	6008130	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	77	5	2	2	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	77	5	2	2	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	18.00
Certified Aides	38.00
Other Health Staff	10.00
Non-Health Staff	46.00
Totals	120.00

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
27.8%	51.1%	2.8%	5.2%	13.1%	100.0%		
1,997,235	3,663,719	201,282	373,618	940,119	7,175,973	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/3/2016 Formerly River Park Healthcare Center and Rock Island Nursing & Rehabilitation Center.

Genesis Health System dba. Illini Restorative Care
1455 Hospital Road
Silvis, IL. 61282

Reference Numbers

Facility ID	6013023	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

Administrator
De Shawn Schmidt

Contact Person and Telephone
Sarah Manthey
309-281-3272

Registered Agent Information
Theresa Main
801 Illini Drive
Silvis, IL 61282

Date Questionnaire Completed 3/27/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	85
Total Admissions 2017	597
Total Discharges 2017	605
Residents on 12/31/2017	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	92	92	99	92	64	28	83	83
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	28	28	19	28	13	15		
TOTAL BEDS	120	120	118	120	77	43	83	83

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7034	23.2%	8548	28.2%	0	415	10076				
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	4943	0	4943	48.4%	48.4%
TOTALS	7034	23.2%	8548	28.2%	0	415	15019			0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	9	0	0	0	0	0	0	3	9	12
75 to 84	6	11	0	0	0	0	0	1	6	12	18
85+	6	26	0	0	0	0	3	9	9	35	44
TOTALS	17	47	0	0	0	0	3	10	20	57	77

Genesis Health System dba. Illini Restorative Care
1455 Hospital Road
Silvis, IL. 61282

Classification Numbers

Facility ID	6013023	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	22	0	1	27	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	13	0	13
TOTALS	14	22	0	1	40	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	13	76
Race Unknown	0	0	0	0	0
Total	64	0	0	13	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	62	0	0	13	75
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	13	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	8.40
Certified Aides	36.30
Other Health Staff	35.10
Non-Health Staff	1.80
Totals	83.60

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
46.2%	14.1%	0.0%	5.2%	34.4%	100.0%		
3,732,000	1,139,000	0	423,000	2,777,000	8,071,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Genesis Senior Living, Aledo
309 NW 9th Avenue
Aledo, IL. 61231

Reference Numbers

Facility ID	6006076	
Health Service Area	010	
Planning Service Area	131	Mercer
County	131	Mercer County

Administrator
Michael Bowns

Contact Person and Telephone
Mary Beth Sackville
309-582-9404

Registered Agent Information
Ted Rogalski
409 NW 9th Avenue
Aledo, IL 61231

Date Questionnaire Completed 3/7/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	43
Total Admissions 2017	62
Total Discharges 2017	50
Residents on 12/31/2017	55

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	11
Mental Illness	11
Developmental Disability	0
Circulatory System	7
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	5
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	55

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	92	73	73	73	55	37	0	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	73	73	73	55	37	0	92

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	7511	22.4%	0	0	12410	0	19921	59.3%	74.8%
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%
TOTALS	0	0.0%	7511	22.4%	0	0	12410	0	19921	59.3%	74.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	4	0	0	0	0	0	0	1	4	5
75 to 84	5	9	0	0	0	0	0	0	5	9	14
85+	1	34	0	0	0	0	0	0	1	34	35
TOTALS	8	47	0	0	0	0	0	0	8	47	55

Genesis Senior Living, Aledo
309 NW 9th Avenue
Aledo, IL. 61231

Classification Numbers

Facility ID	6006076	
Health Service Area	010	
Planning Service Area	131	Mercer
County	131	Mercer County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	23	0	0	32	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	23	0	0	32	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	54	0	0	0	54
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.80
LPN's	8.00
Certified Aides	22.10
Other Health Staff	2.75
Non-Health Staff	6.00
Totals	41.66

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
1.0%	38.7%	0.0%	0.0%	60.3%	100.0%		
24,927	998,537	0	0	1,557,530	2,580,994	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Gibson Community Hospital
1120 N. Melvin St.
Gibson City, IL. 60936

Reference Numbers

Facility ID	9053001	
Health Service Area	004	
Planning Service Area	053	Ford
County	053	Ford County

Administrator
Karen Christensen

Contact Person and Telephone
Karen Christensen
217-784-2566

Registered Agent Information
Ellen Lee
1120 N. Melvin St.
Gibson City, IL 60936

Date Questionnaire Completed 3/7/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	13
Total Admissions 2017	37
Total Discharges 2017	37
Residents on 12/31/2017	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	4
Developmental Disability	0
Circulatory System	1
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	13

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	16	16	15	15	13	3	5	16
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	16	16	15	15	13	3	5	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	560	30.7%	2127	36.4%	0	26	1881	0	4594	78.7%	78.7%
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%
TOTALS	560	30.7%	2127	36.4%	0	26	1881	0	4594	78.7%	78.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	4	9	0	0	0	0	0	0	4	9	13

Gibson Community Hospital
1120 N. Melvin St.
Gibson City, IL. 60936

Classification Numbers

Facility ID	9053001	
Health Service Area	004	
Planning Service Area	053	Ford
County	053	Ford County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	5	0	0	8	0	13
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	5	0	0	8	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	13	0	0	0	13
Race Unknown	0	0	0	0	0
Total	13	0	0	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	13	0	0	0	13
Ethnicity Unknown	0	0	0	0	0
Total	13	0	0	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	2.35
LPN's	3.50
Certified Aides	9.68
Other Health Staff	0.50
Non-Health Staff	1.00
Totals	18.03

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
10.6%	31.5%	0.0%	5.0%	52.9%	100.0%		
427,492	1,273,676	0	203,267	2,137,165	4,041,600	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Gibson Community Hospital Annex
430 E. 19th St.
Gibson City, IL. 60936

Reference Numbers

Facility ID	6003552	
Health Service Area	004	
Planning Service Area	053	Ford
County	053	Ford County

Administrator
Karen Christensen

Contact Person and Telephone
Karen Christensen
217-784-2566

Registered Agent Information
Ellen Lee
1120 N. Melvin St.
Gibson City, IL 60936

Date Questionnaire Completed 3/7/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	23
Total Admissions 2017	22
Total Discharges 2017	22
Residents on 12/31/2017	23

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	8
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	23

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	26	26	25	26	23	3	5	16
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	26	26	25	26	23	3	5	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	1	8496	0	8497	89.5%	89.5%
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%
TOTALS	0	0.0%	0	0.0%	0	1	8496	0	8497	89.5%	89.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	3	2	0	0	0	0	0	0	3	2	5
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	8	15	0	0	0	0	0	0	8	15	23

Gibson Community Hospital Annex
430 E. 19th St.
Gibson City, IL. 60936

Classification Numbers

Facility ID	6003552	
Health Service Area	004	
Planning Service Area	053	Ford
County	053	Ford County

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	23	0	23
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	23	0	23

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	23	0	0	0	23
Race Unknown	0	0	0	0	0
Total	23	0	0	0	23

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	23	0	0	0	23
Ethnicity Unknown	0	0	0	0	0
Total	23	0	0	0	23

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	2.35
LPN's	3.50
Certified Aides	9.68
Other Health Staff	0.50
Non-Health Staff	1.00
Totals	18.03

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%	0.0%	0.0%	4.6%	95.4%	100.0%		
0	0	0	84,909	1,761,971	1,846,880	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Gilman Healthcare Center
1390 South Cresent Street
Gilman, IL. 60938

Reference Numbers

Facility ID	6003578	
Health Service Area	004	
Planning Service Area	075	Iroquois
County	075	Iroquois County

Administrator
Janelle Ditta

Contact Person and Telephone
Janelle Ditta
815-265-7208

Registered Agent Information
Abraham A. Gunicki
4711 Golf Road

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	62
Total Admissions 2017	122
Total Discharges 2017	106
Residents on 12/31/2017	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	2
Circulatory System	6
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	24
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	78

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	93	82	93	78	21	99	99
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	99	93	82	93	78	21	99	99

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3289	9.1%	21064	58.3%	0	396	1860	0	26609	73.6%	78.4%
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%
TOTALS	3289	9.1%	21064	58.3%	0	396	1860	0	26609	73.6%	78.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	6	2	0	0	0	0	0	0	6	2	8
60 to 64	9	3	0	0	0	0	0	0	9	3	12
65 to 74	10	12	0	0	0	0	0	0	10	12	22
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	8	9	0	0	0	0	0	0	8	9	17
TOTALS	40	38	0	0	0	0	0	0	40	38	78

Gilman Healthcare Center
1390 South Cresent Street
Gilman, IL. 60938

Classification Numbers

Facility ID	6003578	
Health Service Area	004	
Planning Service Area	075	Iroquois
County	075	Iroquois County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	66	0	0	3	0	78
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	66	0	0	3	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.80
LPN's	8.40
Certified Aides	22.80
Other Health Staff	3.00
Non-Health Staff	31.00
Totals	72.00

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
31.5%	56.5%	2.9%	1.5%	7.6%	100.0%		
2,300,577	4,128,935	208,840	111,648	557,731	7,307,731	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLEN OAKS NURSING & REHAB CTR
270 SKOKIE BLVD
Northbrook, IL. 60062

Reference Numbers

Facility ID	6003586	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Northfield Township

Administrator
SIMCHA DACHS

Contact Person and Telephone
SIM DACHS
847-498-9320

Registered Agent Information
Marilynn Dunne
55 W. MONROE SUITE 2400
Chicago, IL 60603

Date Questionnaire Completed 4/5/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	227
Total Admissions 2017	201
Total Discharges 2017	220
Residents on 12/31/2017	208

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	0
Mental Illness	96
Developmental Disability	0
Circulatory System	37
Respiratory System	33
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	208

Total Residents Diagnosed as Mentally Ill 96

Total Residents Reported as Identified Offenders 13

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	298	298	227	298	208	90	150	298
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	298	298	227	298	208	90	150	298

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1827	3.3%	74984	68.9%	0	675	1077	0	78563	72.2%	72.2%
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%
TOTALS	1827	3.3%	74984	68.9%	0	675	1077	0	78563	72.2%	72.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	3	0	0	0	0	0	0	7	3	10
45 to 59	25	28	0	0	0	0	0	0	25	28	53
60 to 64	28	33	0	0	0	0	0	0	28	33	61
65 to 74	24	21	0	0	0	0	0	0	24	21	45
75 to 84	10	12	0	0	0	0	0	0	10	12	22
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	99	109	0	0	0	0	0	0	99	109	208

GLEN OAKS NURSING & REHAB CTR
270 SKOKIE BLVD
Northbrook, IL. 60062

Classification Numbers

Facility ID	6003586	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Northfield Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	197	0	3	3	0	208
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	197	0	3	3	0	208

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	22	0	0	0	22
American Indian	0	0	0	0	0
Black	30	0	0	0	30
Hawaiian/Pacific Isl.	0	0	0	0	0
White	156	0	0	0	156
Race Unknown	0	0	0	0	0
Total	208	0	0	0	208

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	194	0	0	0	194
Ethnicity Unknown	0	0	0	0	0
Total	208	0	0	0	208

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	39.00
LPN's	1.00
Certified Aides	60.00
Other Health Staff	14.00
Non-Health Staff	35.00
Totals	151.00

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
8.9%	87.6%	0.0%	1.6%	1.8%	100.0%		
1,211,595	11,878,211	0	222,012	248,990	13,560,808	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Glen Saint Andrew Living Community
7000 N. Newark Ave
Niles, IL. 60714

Reference Numbers

Facility ID	6008833	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

Administrator
Alyssa Flavin

Contact Person and Telephone
Alyssa Flavin
847-647-8332

Registered Agent Information

Date Questionnaire Completed 3/27/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	42
Total Admissions 2017	125
Total Discharges 2017	131
Residents on 12/31/2017	36

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	5
Mental Illness	9
Developmental Disability	0
Circulatory System	0
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	36

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	55	55	36	55	36	19	0	55
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	55	55	36	55	36	19	0	55

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2987	0.0%	8816	43.9%	0	444	4248	365	16860	84.0%	84.0%
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%
TOTALS	2987	0.0%	8816	43.9%	0	444	4248	365	16860	84.0%	84.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	2	5	0	0	0	0	0	0	2	5	7
85+	3	18	0	0	0	0	0	0	3	18	21
TOTALS	11	25	0	0	0	0	0	0	11	25	36

Glen Saint Andrew Living Community
7000 N. Newark Ave
Niles, IL. 60714

Classification Numbers

Facility ID	6008833	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	17	0	2	13	1	36
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	17	0	2	13	1	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	36	0	0	0	36
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.50
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	1.08
Certified Aides	14.20
Other Health Staff	1.00
Non-Health Staff	18.00
Totals	43.78

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
21.1%	18.7%	0.0%	2.1%	58.1%	100.0%		
1,754,788	1,553,627	0	176,737	4,833,852	8,319,004	107,345	1.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GlenBridge Nursing and Rehabilitation Centre
8333 West Golf Road
Niles, IL. 60714

Reference Numbers

Facility ID	6006191	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

Administrator
Nicholas Johnson

Contact Person and Telephone
Nicholas Johnson
847-966-9190

Registered Agent Information
Marilyn Dunn, Attorney-at-law
55 W. Monroe, Suite 2400
Chicago, IL 60603

Date Questionnaire Completed 4/16/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	213
Total Admissions 2017	222
Total Discharges 2017	206
Residents on 12/31/2017	229

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	19
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	76
Respiratory System	73
Digestive System	4
Genitourinary System Disorders	13
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	10
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	229

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 9

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	302	290	243	290	229	73	0	302
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	302	290	243	290	229	73	0	302

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4139	0.0%	23988	21.8%	0	0	1083	0	29210	26.5%	27.6%
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%
TOTALS	4139	0.0%	23988	21.8%	0	0	1083	0	29210	26.5%	27.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	1	0	0	0	0	0	0	4	1	5
45 to 59	13	9	0	0	0	0	0	0	13	9	22
60 to 64	25	11	0	0	0	0	0	0	25	11	36
65 to 74	33	26	0	0	0	0	0	0	33	26	59
75 to 84	16	29	0	0	0	0	0	0	16	29	45
85+	12	50	0	0	0	0	0	0	12	50	62
TOTALS	103	126	0	0	0	0	0	0	103	126	229

GlenBridge Nursing and Rehabilitation Centre
8333 West Golf Road
Niles, IL. 60714

Classification Numbers

Facility ID	6006191	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	199	9	0	8	0	229
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	199	9	0	8	0	229

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	59	0	0	0	59
American Indian	0	0	0	0	0
Black	19	0	0	0	19
Hawaiian/Pacific Isl.	1	0	0	0	1
White	150	0	0	0	150
Race Unknown	0	0	0	0	0
Total	229	0	0	0	229

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	222	0	0	0	222
Ethnicity Unknown	0	0	0	0	0
Total	229	0	0	0	229

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	28.00
LPN's	10.00
Certified Aides	50.00
Other Health Staff	26.00
Non-Health Staff	61.00
Totals	177.00

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
12.1%	81.0%	0.6%	2.5%	3.8%	100.0%		
2,226,429	14,901,680	108,904	455,088	698,925	18,391,026	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GlenCrest Healthcare and Rehab
2451 W Touhy Ave
Chicago, IL. 60645

Reference Numbers

Facility ID	6003594	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Yekusiel Field

Contact Person and Telephone
Yekusiel Field
773-338-6800

Registered Agent Information

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	224
Total Admissions 2017	386
Total Discharges 2017	381
Residents on 12/31/2017	229

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	25
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	4
Mental Illness	12
Developmental Disability	0
Circulatory System	49
Respiratory System	81
Digestive System	3
Genitourinary System Disorders	26
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	229

Total Residents Diagnosed as Mentally Ill 56

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	312	279	247	279	229	83	240	312
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	312	279	247	279	229	83	240	312

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6131	7.0%	76461	67.1%	369	1746	1267	0	85974	75.5%	84.4%
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%
TOTALS	6131	7.0%	76461	67.1%	369	1746	1267	0	85974	75.5%	84.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	8	4	0	0	0	0	0	0	8	4	12
45 to 59	26	24	0	0	0	0	0	0	26	24	50
60 to 64	20	14	0	0	0	0	0	0	20	14	34
65 to 74	33	26	0	0	0	0	0	0	33	26	59
75 to 84	24	23	0	0	0	0	0	0	24	23	47
85+	11	16	0	0	0	0	0	0	11	16	27
TOTALS	122	107	0	0	0	0	0	0	122	107	229

GlenCrest Healthcare and Rehab
2451 W Touhy Ave
Chicago, IL. 60645

Classification Numbers

Facility ID	6003594	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	198	1	9	2	0	229
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	198	1	9	2	0	229

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	9	0	0	0	9
American Indian	0	0	0	0	0
Black	98	0	0	0	98
Hawaiian/Pacific Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	20	0	0	0	20
Total	229	0	0	0	229

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	33	0	0	0	33
Non-Hispanic	196	0	0	0	196
Ethnicity Unknown	0	0	0	0	0
Total	229	0	0	0	229

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	3.00
Certified Aides	54.00
Other Health Staff	18.00
Non-Health Staff	209.00
Totals	318.00

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
10.5%	82.8%	0.4%	4.3%	2.1%	100.0%		
2,153,156	16,979,063	76,552	883,541	423,050	20,515,362	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Glenlake Terrace Nursing & Rehab
2222 W 14th Street
Waukegan, IL. 60085

Reference Numbers

Facility ID	6006647	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Sarah Pappe

Contact Person and Telephone
Sarah Pappe
847-249-2400

Registered Agent Information

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	200
Total Admissions 2017	228
Total Discharges 2017	227
Residents on 12/31/2017	201

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	28
Alzheimer Disease	5
Mental Illness	1
Developmental Disability	1
Circulatory System	31
Respiratory System	58
Digestive System	4
Genitourinary System Disorders	26
Skin Disorders	5
Musculo-skeletal Disorders	24
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	201

Total Residents Diagnosed as Mentally Ill 132

Total Residents Reported as Identified Offenders 8

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	271	261	217	261	201	70	136	271
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	271	261	217	261	201	70	136	271

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5025	10.1%	65685	66.4%	356	973	0	2756	74795	75.6%	78.5%
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%
TOTALS	5025	10.1%	65685	66.4%	356	973	0	2756	74795	75.6%	78.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	4	0	0	0	0	0	0	9	4	13
45 to 59	31	29	0	0	0	0	0	0	31	29	60
60 to 64	24	8	0	0	0	0	0	0	24	8	32
65 to 74	27	19	0	0	0	0	0	0	27	19	46
75 to 84	21	14	0	0	0	0	0	0	21	14	35
85+	8	7	0	0	0	0	0	0	8	7	15
TOTALS	120	81	0	0	0	0	0	0	120	81	201

Glenlake Terrace Nursing & Rehab
2222 W 14th Street
Waukegan, IL. 60085

Classification Numbers

Facility ID	6006647	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	179	0	3	8	0	201
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	179	0	3	8	0	201

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	1	0	0	0	1
Black	65	0	0	0	65
Hawaiian/Pacific Isl.	1	0	0	0	1
White	127	0	0	0	127
Race Unknown	0	0	0	0	0
Total	201	0	0	0	201

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	24	0	0	0	24
Non-Hispanic	177	0	0	0	177
Ethnicity Unknown	0	0	0	0	0
Total	201	0	0	0	201

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	42.00
LPN's	14.00
Certified Aides	69.00
Other Health Staff	10.00
Non-Health Staff	40.00
Totals	177.00

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
16.1%	77.0%	0.4%	3.5%	3.1%	100.0%		
2,606,414	12,476,965	62,024	561,527	506,530	16,213,460	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GlenShire Nursing & Rehabilitation Centre
22660 S. Cicero Ave.
Richton Park, IL. 60571

Reference Numbers

Facility ID	6007918	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Rich Township

Administrator
Richard Taylor

Contact Person and Telephone
Same As Above

Registered Agent Information

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	144
Total Admissions 2017	226
Total Discharges 2017	225
Residents on 12/31/2017	145

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	16
Blood Disorders	2
*Nervous System Non Alzheimer	14
Alzheimer Disease	18
Mental Illness	37
Developmental Disability	3
Circulatory System	2
Respiratory System	31
Digestive System	6
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	145

Total Residents Diagnosed as Mentally Ill 42

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	294	294	158	294	145	149	294	294
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	294	294	158	294	145	149	294	294

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4110	3.8%	13173	12.3%	0	12	804	0	18099	16.9%	16.9%
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%
TOTALS	4110	3.8%	13173	12.3%	0	12	804	0	18099	16.9%	16.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	18	0	0	0	0	0	0	5	18	23
45 to 59	34	14	0	0	0	0	0	0	34	14	48
60 to 64	19	23	0	0	0	0	0	0	19	23	42
65 to 74	18	3	0	0	0	0	0	0	18	3	21
75 to 84	8	0	0	0	0	0	0	0	8	0	8
85+	3	0	0	0	0	0	0	0	3	0	3
TOTALS	87	58	0	0	0	0	0	0	87	58	145

GlenShire Nursing & Rehabilitation Centre
22660 S. Cicero Ave.
Richton Park, IL. 60571

Classification Numbers

Facility ID	6007918	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Rich Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	138	0	0	1	0	145
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	138	0	0	1	0	145

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	93	0	0	0	93
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	8	0	0	0	8
Total	145	0	0	0	145

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	133	0	0	0	133
Ethnicity Unknown	8	0	0	0	8
Total	145	0	0	0	145

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	45.00
Certified Aides	69.00
Other Health Staff	22.00
Non-Health Staff	60.00
Totals	214.00

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
19.8%	72.8%	2.4%	4.0%	1.0%	100.0%		
2,677,883	9,846,290	327,716	537,738	142,059	13,531,686	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Glenview Terrace Nursing Center
1511 Greenwood Road
Glenview, IL. 60026

Reference Numbers

Facility ID	6003610	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Northfield Township

Administrator
Bradley Bartels

Contact Person and Telephone
Bradley Bartels
847-832-4630

Registered Agent Information
Sandra Cedrins
6633 N. Lincoln Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/16/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	231
Total Admissions 2017	1,293
Total Discharges 2017	1,272
Residents on 12/31/2017	252

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	12
Blood Disorders	5
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	0
Circulatory System	75
Respiratory System	26
Digestive System	0
Genitourinary System Disorders	11
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	112
Non-Medical Conditions	0
TOTALS	252

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	314	283	273	283	252	62	314	314
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	314	283	273	283	252	62	314	314

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15756	13.7%	43215	37.7%	1483	7328	24109	0	91891	80.2%	89.0%
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%
TOTALS	15756	13.7%	43215	37.7%	1483	7328	24109	0	91891	80.2%	89.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	3	0	0	0	0	0	0	4	3	7
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	16	18	0	0	0	0	0	0	16	18	34
75 to 84	18	49	0	0	0	0	0	0	18	49	67
85+	30	104	0	0	0	0	0	0	30	104	134
TOTALS	73	179	0	0	0	0	0	0	73	179	252

Glenview Terrace Nursing Center
1511 Greenwood Road
Glenview, IL. 60026

Classification Numbers

Facility ID	6003610	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Northfield Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	46	123	5	18	60	0	252
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	46	123	5	18	60	0	252

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	19	0	0	0	19
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	224	0	0	0	224
Race Unknown	3	0	0	0	3
Total	252	0	0	0	252

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	249	0	0	0	249
Ethnicity Unknown	0	0	0	0	0
Total	252	0	0	0	252

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	41.00
LPN's	45.00
Certified Aides	103.00
Other Health Staff	45.00
Non-Health Staff	171.00
Totals	407.00

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
44.2%	18.8%	1.7%	4.7%	30.6%	100.0%		
8,455,906	3,602,662	323,845	902,300	5,853,718	19,138,431	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Glenwood Healthcare & Rehab
19330 South Cottage Grove
Glenwood, IL. 60425

Reference Numbers

Facility ID	6003628	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

Administrator
colleen Kamin

Contact Person and Telephone
Colleen Kamin
708-758-6200

Registered Agent Information
Stephen Sher
5750 Old Orchard Road Suite 400

Date Questionnaire Completed 4/9/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	124
Total Admissions 2017	145
Total Discharges 2017	148
Residents on 12/31/2017	121

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	6
*Nervous System Non Alzheimer	5
Alzheimer Disease	42
Mental Illness	6
Developmental Disability	2
Circulatory System	13
Respiratory System	17
Digestive System	5
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	121

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	184	163	130	163	121	63	184	184
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	184	163	130	163	121	63	184	184

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3335	5.0%	37035	55.1%	2562	0	1101	0	44033	65.6%	74.0%
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%
TOTALS	3335	5.0%	37035	55.1%	2562	0	1101	0	44033	65.6%	74.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	12	4	0	0	0	0	0	0	12	4	16
60 to 64	12	10	0	0	0	0	0	0	12	10	22
65 to 74	13	27	0	0	0	0	0	0	13	27	40
75 to 84	14	6	0	0	0	0	0	0	14	6	20
85+	12	10	0	0	0	0	0	0	12	10	22
TOTALS	64	57	0	0	0	0	0	0	64	57	121

Glenwood Healthcare & Rehab
19330 South Cottage Grove
Glenwood, IL. 60425

Classification Numbers

Facility ID	6003628	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	99	12	0	3	0	121
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	99	12	0	3	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	79	0	0	0	79
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	121	0	0	0	121

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	118	0	0	0	118
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	22.00
Certified Aides	51.00
Other Health Staff	3.00
Non-Health Staff	56.00
Totals	148.00

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
15.4%	71.6%	7.0%	0.0%	6.0%	100.0%		
1,444,503	6,696,955	653,072	0	563,049	9,357,579	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Glenwood Terrace
2724 Glenwood Ave.
Springfield, IL. 62704

Reference Numbers

Facility ID	6010474	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Glenn W. Miller

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	0
Total Discharges 2017	1
Residents on 12/31/2017	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
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
TOTALS	11

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	12	16	11	5		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	12	16	11	5	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4141	70.9%	0	0	0	0	4141	70.9%	70.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4141	70.9%	0	0	0	0	4141	70.9%	70.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	2	0	0	1	2	3
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	0	1	0	0	0	1	1
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	1	0	0	0	1	0	1
TOTALS	0	0	0	0	5	6	0	0	5	6	11

Glenwood Terrace
2724 Glenwood Ave.
Springfield, IL. 62704

Classification Numbers

Facility ID	6010474	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	76.9%	2.7%	0.0%	20.3%	100.0%		
0	382,620	13,621	0	101,147	497,388	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Glenwood Villa
3247 Glenwood Ave.
Rockford, IL. 61101

Reference Numbers

Facility ID	6013858	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Billie Callahan

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	6
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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
TOTALS	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2147	98.0%	0	0	0	0	2147	98.0%	98.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2147	98.0%	0	0	0	0	2147	98.0%	98.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	0	0	0	3	0	3
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	4	2	0	0	4	2	6

Glenwood Villa
3247 Glenwood Ave.
Rockford, IL. 61101

Classification Numbers

Facility ID	6013858	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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
0.0%	89.7%	1.0%	0.0%	9.3%	100.0%		
0	366,942	4,214	0	37,952	409,108	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Golden Good Shepherd Home
101 Prairie Mills Rd.
Golden , IL. 62339

Reference Numbers

Facility ID	6003636	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

Administrator
Abby L. Wayman

Contact Person and Telephone
Abby L. Wayman
217-696-4421

Registered Agent Information
Abby L. Wayman
101 Prairie Mills Rd.
Golden, IL 62339

Date Questionnaire Completed 4/11/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	33
Total Admissions 2017	33
Total Discharges 2017	32
Residents on 12/31/2017	34

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	3
Developmental Disability	0
Circulatory System	9
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	34

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	46	46	37	46	34	12	46	46
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	46	46	37	46	34	12	46	46

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	743	4.4%	4294	25.6%	0	651	6448	0	12136	72.3%	72.3%
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%
TOTALS	743	4.4%	4294	25.6%	0	651	6448	0	12136	72.3%	72.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	2	18	0	0	0	0	0	0	2	18	20
TOTALS	9	25	0	0	0	0	0	0	9	25	34

Golden Good Shepherd Home
101 Prairie Mills Rd.
Golden , IL. 62339

Classification Numbers

Facility ID	6003636	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	78	416	0	64	500	0	1058
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	78	416	0	64	500	0	1058

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
Total	34	0	0	0	34

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	34	0	0	0	34
Ethnicity Unknown	0	0	0	0	0
Total	34	0	0	0	34

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	4.00
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	30.00

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
11.1%	20.4%	0.0%	7.1%	61.3%	100.0%		
239,573	438,918	0	153,387	1,319,625	2,151,503	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Golfview Developmental Center
9555 W. Golf Rd.
Des Plaines, IL. 60016

Reference Numbers

Facility ID	6015135	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

Administrator
Theodise Harris, RN, LNHA

Contact Person and Telephone
Anthony R. Miner, LNHA
847-376-2261

Registered Agent Information
David Fischer, C/O Locke Lord, LLP
111 S. Wacker Dr., Suite #4100
Chicago, IL 60606

Date Questionnaire Completed 4/4/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	126
Total Admissions 2017	9
Total Discharges 2017	7
Residents on 12/31/2017	128

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	128
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
TOTALS	128

Total Residents Diagnosed as Mentally Ill 74

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	135	135	135	135	128	7		135
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	135	135	135	135	128	7	0	135

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			128	0.3%	0	0	0	0	128	0.3%	0.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	128	0.3%	0	0	0	0	128	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	26	11	0	0	26	11	37
45 to 59	0	0	0	0	28	20	0	0	28	20	48
60 to 64	0	0	0	0	12	3	0	0	12	3	15
65 to 74	0	0	0	0	16	5	0	0	16	5	21
75 to 84	0	0	0	0	3	4	0	0	3	4	7
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	85	43	0	0	85	43	128

Golfview Developmental Center
9555 W. Golf Rd.
Des Plaines, IL. 60016

Classification Numbers

Facility ID	6015135	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		128	0	0	0	0	128
Sheltered Care			0	0	0	0	0
TOTALS	0	128	0	0	0	0	128

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	3	0	3
American Indian	0	0	1	0	1
Black	0	0	39	0	39
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	85	0	85
Race Unknown	0	0	0	0	0
Total	0	0	128	0	128

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	13	0	13
Non-Hispanic	0	0	115	0	115
Ethnicity Unknown	0	0	0	0	0
Total	0	0	128	0	128

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	36.00
Other Health Staff	9.00
Non-Health Staff	37.00
Totals	93.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	10,130,610	0	0	0	10,130,610	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Good Samaritan Home of Quincy
2130 Harrison Street
Quincy, IL. 62301

Reference Numbers

Facility ID	6003685	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

Administrator
Michael P. Duffy

Contact Person and Telephone
Stephanie D. Erwin
217-223-8717 Ext 4976

Registered Agent Information
Michael P. Duffy
2130 Harrison Street
Quincy, IL 62301

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	193
Total Admissions 2017	282
Total Discharges 2017	278
Residents on 12/31/2017	197

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System Non Alzheimer	14
Alzheimer Disease	22
Mental Illness	45
Developmental Disability	0
Circulatory System	52
Respiratory System	14
Digestive System	5
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	13
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	197

Total Residents Diagnosed as Mentally Ill 45

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	203	181	203	180	23	35	203
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	28	0	24	28	17	11		
TOTAL BEDS	231	203	205	231	197	34	35	203

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7590	59.4%	21574	29.1%	0	36	32672	0	61872	83.5%	83.5%
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%
TOTALS	7590	59.4%	21574	29.1%	0	36	32672	0	61872	73.4%	83.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	12	0	0	0	0	0	2	2	14	16
75 to 84	12	33	0	0	0	0	0	2	12	35	47
85+	18	101	0	0	0	0	3	10	21	111	132
TOTALS	34	146	0	0	0	0	3	14	37	160	197

Good Samaritan Home of Quincy
2130 Harrison Street
Quincy, IL. 62301

Classification Numbers

Facility ID	6003685	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	54	0	0	103	0	180
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	7	10	17
TOTALS	23	54	0	0	110	10	197

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	179	0	0	17	196
Race Unknown	0	0	0	0	0
Total	180	0	0	17	197

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	179	0	0	17	196
Ethnicity Unknown	1	0	0	0	1
Total	180	0	0	17	197

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	22.50
LPN's	31.50
Certified Aides	95.50
Other Health Staff	23.30
Non-Health Staff	116.40
Totals	293.20

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
19.0%	19.1%	0.0%	0.0%	61.9%	100.0%		
3,194,361	3,211,893	0	0	10,404,412	16,810,666	207,099	1.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GOOD SAMARITAN SOCIETY - MT. CARROLL
1006 N LOWDEN ROAD
Mt. Carroll, IL. 61053

Reference Numbers

Facility ID	6001515	
Health Service Area	001	
Planning Service Area	015	Carroll
County	015	Carroll County

Administrator
Luann Brewington

Contact Person and Telephone
Luann Brewington
815-244-7715

Registered Agent Information
CT Corporation System
208 S Lasalle St

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	55
Total Admissions 2017	73
Total Discharges 2017	79
Residents on 12/31/2017	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	1
Mental Illness	5
Developmental Disability	0
Circulatory System	13
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 32

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	72	65	49	65	49	23	72	72
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	72	65	49	65	49	23	72	72

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1398	5.3%	8611	32.8%	0	365	7974	0	18348	69.8%	77.3%
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%
TOTALS	1398	5.3%	8611	32.8%	0	365	7974	0	18348	69.8%	77.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	0	5	0	0	0	0	0	0	0	5	5
85+	9	32	0	0	0	0	0	0	9	32	41
TOTALS	9	40	0	0	0	0	0	0	9	40	49

GOOD SAMARITAN SOCIETY - MT. CARROLL
1006 N LOWDEN ROAD
Mt. Carroll, IL. 61053

Classification Numbers

Facility ID	6001515	
Health Service Area	001	
Planning Service Area	015	Carroll
County	015	Carroll County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	20	0	0	23	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	20	0	0	23	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	7.10
LPN's	0.65
Certified Aides	18.80
Other Health Staff	0.00
Non-Health Staff	19.66
Totals	47.21

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
8.2%	44.9%	0.0%	1.7%	45.2%	100.0%		
304,579	1,669,747	0	64,044	1,678,303	3,716,673	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Good Samaritan Society-Geneseo Village
704 South Illinois Street
Geneseo, IL. 61254

Reference Numbers

Facility ID	6003495	
Health Service Area	010	
Planning Service Area	073	Henry
County	073	Henry County

Administrator
Michelle Garrey

Contact Person and Telephone
Michelle Garrey
309-944-6424

Registered Agent Information

Date Questionnaire Completed 4/13/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	53
Total Admissions 2017	67
Total Discharges 2017	77
Residents on 12/31/2017	43

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	8
Developmental Disability	0
Circulatory System	9
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	6
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	43

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	72	72	0	72	43	29	72	72
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	72	72	0	72	43	29	72	72

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3	0.0%	20	0.1%	0	0	20	0	43	0.2%	0.2%
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%
TOTALS	3	0.0%	20	0.1%	0	0	20	0	43	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	8	11	0	0	0	0	0	0	8	11	19
85+	2	20	0	0	0	0	0	0	2	20	22
TOTALS	10	33	0	0	0	0	0	0	10	33	43

Good Samaritan Society-Geneseo Village
704 South Illinois Street
Geneseo, IL. 61254

Classification Numbers

Facility ID	6003495	
Health Service Area	010	
Planning Service Area	073	Henry
County	073	Henry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	20	0	0	20	0	43
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	20	0	0	20	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.56
LPN's	4.36
Certified Aides	20.46
Other Health Staff	0.00
Non-Health Staff	21.95
Totals	52.33

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%	29.6%	0.0%	0.0%	42.7%	100.0%		
897,092	957,742	0	0	1,384,612	3,239,446	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Good Samaritan Society-Prophets Riverview
310 Mosher Drive
Prophetstown, IL. 61277

Reference Numbers

Facility ID	6007637	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

Administrator
Gail Blocker

Contact Person and Telephone
Gail Blocker
815-537-5175

Registered Agent Information

Date Questionnaire Completed 3/27/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	45
Total Admissions 2017	71
Total Discharges 2017	73
Residents on 12/31/2017	43

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	16
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	27
Non-Medical Conditions	0
TOTALS	43

Total Residents Diagnosed as Mentally Ill 18

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	70	0	0	61	43	27	70	70
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	70	0	0	61	43	27	70	70

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1340	5.2%	7834	30.7%	203	0	6172	0	15549	60.9%	0.0%
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%
TOTALS	1340	5.2%	7834	30.7%	203	0	6172	0	15549	60.9%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	9	7	0	0	0	0	0	0	9	7	16
85+	7	15	0	0	0	0	0	0	7	15	22
TOTALS	18	25	0	0	0	0	0	0	18	25	43

Good Samaritan Society-Prophets Riverview
310 Mosher Drive
Prophetstown, IL. 61277

Classification Numbers

Facility ID	6007637	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	18	0	0	22	0	43
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	18	0	0	22	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.76
LPN's	1.75
Certified Aides	17.43
Other Health Staff	1.41
Non-Health Staff	21.58
Totals	50.93

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
32.3%	32.7%	0.0%	0.0%	35.0%	100.0%		
1,089,547	1,102,679	0	0	1,178,878	3,371,104	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Good Samaritan-Pontiac
1225 S. Ewing Dr
Pontiac, IL. 61764

Reference Numbers

Facility ID	6005573	
Health Service Area	004	
Planning Service Area	105	Livingston
County	105	Livingston County

Administrator
Kimberly J Wittenberg RN

Contact Person and Telephone
Kimberly J Wittenberg
815-844-5121

Registered Agent Information
Glenda Tannahill
1225 S Ewing Drive
Pontiac, IL 61764

Date Questionnaire Completed 4/11/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	18
Total Admissions 2017	86
Total Discharges 2017	52
Residents on 12/31/2017	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	8
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	4
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	38

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	90	0	90	38	52	72	90
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	90	90	0	90	38	52	72	90

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1224	4.7%	3322	10.1%	0	580	3090	0	8216	25.0%	25.0%
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%
TOTALS	1224	4.7%	3322	10.1%	0	580	3090	0	8216	25.0%	25.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	0	3	3
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	2	12	0	0	0	0	0	0	2	12	14
85+	9	7	0	0	0	0	0	0	9	7	16
TOTALS	13	25	0	0	0	0	0	0	13	25	38

Good Samaritan-Pontiac
1225 S. Ewing Dr
Pontiac, IL. 61764

Classification Numbers

Facility ID	6005573	
Health Service Area	004	
Planning Service Area	105	Livingston
County	105	Livingston County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	10	0	7	14	0	38
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	10	0	7	14	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	38	0	0	0	38

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	6.00
Certified Aides	26.00
Other Health Staff	21.00
Non-Health Staff	14.00
Totals	75.00

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
22.6%	31.5%	0.0%	12.4%	33.4%	100.0%		
389,075	542,071	0	213,270	573,938	1,718,354	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

10/31/2016 Address change - address now 1225 South Ewing Drive, Pontiac IL 61764

10/31/2016 Project completed - replacement facility opened with 90 Nursing Care beds.

10/31/2016 Change of Ownership occurred.

Gordon Jones Terrace
421 N Rochester
Lanark, IL. 61046

Reference Numbers

Facility ID	6012942	
Health Service Area	001	
Planning Service Area	015	Carroll
County	015	Carroll County

Administrator
Katherine Starr

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5633	96.5%	0	0	0	0	5633	96.5%	96.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5633	96.5%	0	0	0	0	5633	96.5%	96.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	3	0	0	1	3	4
45 to 59	0	0	0	0	3	6	0	0	3	6	9
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	6	10	0	0	6	10	16

Gordon Jones Terrace
421 N Rochester
Lanark, IL. 61046

Classification Numbers

Facility ID	6012942	
Health Service Area	001	
Planning Service Area	015	Carroll
County	015	Carroll County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	81.7%	1.2%	0.0%	17.1%	100.0%		
0	595,507	8,434	0	124,685	728,626	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Gottlieb Memorial Hospital
701 West North Avenue
Melrose Park, IL. 60160

Reference Numbers

Facility ID	6003727	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Leyden Township

Administrator
Lori Price, FACHE, MSA, RN

Contact Person and Telephone
Jon Geise
708-216-6692

Registered Agent Information
CT Corporation
208 S. LaSalle Street, Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	24
Total Admissions 2017	612
Total Discharges 2017	610
Residents on 12/31/2017	26

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	1
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	26

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	34	32	30	32	26	8	34	34
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	34	32	30	32	26	8	34	34

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8150	65.7%	161	1.3%	40	758	10	0	9119	73.5%	78.1%
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%
TOTALS	8150	65.7%	161	1.3%	40	758	10	0	9119	73.5%	78.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	0	0	0	0	0	0	0	2	0	2
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	2	7	0	0	0	0	0	0	2	7	9
TOTALS	10	16	0	0	0	0	0	0	10	16	26

Gottlieb Memorial Hospital
701 West North Avenue
Melrose Park, IL. 60160

Classification Numbers

Facility ID	6003727	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Leyden Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	0	0	1	0	0	26
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	0	0	1	0	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	22	0	0	0	22
Race Unknown	0	0	0	0	0
Total	26	0	0	0	26

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	26	0	0	0	26
Ethnicity Unknown	0	0	0	0	0
Total	26	0	0	0	26

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	12.50
LPN's	3.33
Certified Aides	12.99
Other Health Staff	4.71
Non-Health Staff	1.92
Totals	36.65

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
84.8%	2.0%	0.1%	13.0%	0.0%	100.0%		
4,780,646	111,495	7,280	734,894	0	5,634,315	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Graham Hospital Extended Care Facility
210 W. Walnut St
Canton , IL. 61520

Reference Numbers

Facility ID	6060524	
Health Service Area	002	
Planning Service Area	057	Fulton
County	057	Fulton County

Administrator
Robert Senneff

Contact Person and Telephone
Cristy Lafary
309-647-5240 ext 2208

Registered Agent Information

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	25
Total Admissions 2017	187
Total Discharges 2017	187
Residents on 12/31/2017	25

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer 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	7
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	14
TOTALS	25

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	38	38	27	38	25	13	32	17
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	38	38	27	38	25	13	32	17

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2867	24.5%	3396	54.7%	0	138	2391	0	8792	63.4%	63.4%
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%
TOTALS	2867	24.5%	3396	54.7%	0	138	2391	0	8792	63.4%	63.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	1	9	0	0	0	0	0	0	1	9	10
TOTALS	5	20	0	0	0	0	0	0	5	20	25

Graham Hospital Extended Care Facility
210 W. Walnut St
Canton , IL. 61520

Classification Numbers

Facility ID	6060524	
Health Service Area	002	
Planning Service Area	057	Fulton
County	057	Fulton County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	9	0	0	5	0	25
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	9	0	0	5	0	25

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	25	0	0	0	25
Race Unknown	0	0	0	0	0
Total	25	0	0	0	25

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	25	0	0	0	25
Ethnicity Unknown	0	0	0	0	0
Total	25	0	0	0	25

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.90
LPN's	2.70
Certified Aides	18.40
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	35.00

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
36.1%	27.7%	0.0%	20.6%	15.5%	100.0%		
974,383	747,539	0	555,222	418,760	2,695,904	25,336	0.9%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Granite Nursing and Rehabiliation Center, LLC
3500 Century Drive
Granite City, IL. 62040

Reference Numbers

Facility ID	6001986	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Michelle Plumb

Contact Person and Telephone
Valerie M Gaydosh
716-972-2512

Registered Agent Information
United Corporate Service, Inc
901 S 2nd Street Suite 201
Springfield, IL 62704

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	77
Total Admissions 2017	158
Total Discharges 2017	155
Residents on 12/31/2017	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	21
Mental Illness	1
Developmental Disability	1
Circulatory System	24
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	9
Other Medical Conditions	0
Non-Medical Conditions	1
TOTALS	80

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	86	86	86	86	80	6	0	86
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	86	86	86	86	80	6	0	86

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3158	0.0%	19604	62.5%	1102	1084	4447	0	29395	93.6%	93.6%
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%
TOTALS	3158	0.0%	19604	62.5%	1102	1084	4447	0	29395	93.6%	93.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	6	14	0	0	0	0	0	0	6	14	20
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85+	6	23	0	0	0	0	0	0	6	23	29
TOTALS	24	56	0	0	0	0	0	0	24	56	80

Granite Nursing and Rehabiliation Center, LLC
3500 Century Drive
Granite City, IL. 62040

Classification Numbers

Facility ID	6001986	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	55	1	1	13	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	55	1	1	13	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	17	0	0	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.80
LPN's	11.07
Certified Aides	20.91
Other Health Staff	32.85
Non-Health Staff	0.00
Totals	69.64

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
28.7%	49.4%	2.7%	6.4%	12.8%	100.0%		
1,571,179	2,701,932	149,992	347,646	702,405	5,473,154	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Grasmere Place
4621 N. Sheridan Rd
Chicago, IL. 60640

Reference Numbers

Facility ID	6003776	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

Administrator
Laura Feliciano-Dixon

Contact Person and Telephone
David Aronin
874-905-3000

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Date Questionnaire Completed 2/28/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	187
Total Admissions 2017	128
Total Discharges 2017	137
Residents on 12/31/2017	178

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	178
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
TOTALS	178

Total Residents Diagnosed as Mentally Ill 178

Total Residents Reported as Identified Offenders 45

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	216	216	178	216	178	38	0	216
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	216	178	216	178	38	0	216

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	64890	82.3%	0	0	0	0	64890	82.3%	82.3%
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%
TOTALS	0	0.0%	64890	82.3%	0	0	0	0	64890	82.3%	82.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	37	22	0	0	0	0	0	0	37	22	59
45 to 59	71	16	0	0	0	0	0	0	71	16	87
60 to 64	15	1	0	0	0	0	0	0	15	1	16
65 to 74	16	0	0	0	0	0	0	0	16	0	16
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
TOTALS	139	39	0	0	0	0	0	0	139	39	178

Grasmere Place
4621 N. Sheridan Rd
Chicago, IL. 60640

Classification Numbers

Facility ID	6003776	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	178	0	0	0	0	178
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	178	0	0	0	0	178

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	117	0	0	0	117
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	5	0	0	0	5
Total	170	0	0	0	170

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	8	0	0	0	8

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	13.00
Certified Aides	32.00
Other Health Staff	12.00
Non-Health Staff	43.00
Totals	103.00

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
0.0%	99.3%	0.0%	0.7%	0.0%	100.0%		
0	6,792,922	0	44,486	0	6,837,408	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GREENFIELDS OF GENEVA
0N801 FRIENDSHIP WAY
Geneva, IL. 60133

Reference Numbers

Facility ID	6016570	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Casey Pudwill

Contact Person and Telephone
Casey Pudwill
630-578-7945

Registered Agent Information
Don Hemmesch
10 S LaSalle St Suite 2662
Chicago, IL 60603

Date Questionnaire Completed 4/3/2018

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	39
Total Admissions 2017	293
Total Discharges 2017	294
Residents on 12/31/2017	38

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	2
Mental Illness	5
Developmental Disability	0
Circulatory System	7
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	8
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	38

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	43	43	43	43	38	5	0	0
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	43	43	43	43	38	5	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6283	0.0%	0	0.0%	0	957	7196	0	14436	92.0%	92.0%
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%
TOTALS	6283	0.0%	0	0.0%	0	957	7196	0	14436	92.0%	92.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	6	19	0	0	0	0	0	0	6	19	25
TOTALS	11	27	0	0	0	0	0	0	11	27	38

GREENFIELDS OF GENEVA
0N801 FRIENDSHIP WAY
Geneva, IL. 60133

Classification Numbers

Facility ID	6016570	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	0	0	2	22	0	38
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	0	0	2	22	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	38	0	0	0	38

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	38	0	0	0	38
Ethnicity Unknown	0	0	0	0	0
Total	38	0	0	0	38

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	11.20
LPN's	0.00
Certified Aides	17.11
Other Health Staff	4.00
Non-Health Staff	21.00
Totals	56.31

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
69.6%	0.0%	0.0%	3.7%	26.7%	100.0%		
4,054,513	0	0	214,052	1,554,036	5,822,601	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GREENVILLE NURSING AND REHABILITATION CT
400 E. HILLVIEW AVE
Greenville, IL. 62246

Reference Numbers

Facility ID	6004493	
Health Service Area	005	
Planning Service Area	005	Bond
County	005	Bond County

Administrator
JARED RENKEN

Contact Person and Telephone
JARED RENKEN
618-664-1622

Registered Agent Information
SCOTT STOUT
105 S. COMMERCIAL
HARRISBURG, IL 62946

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	63
Total Admissions 2017	8
Total Discharges 2017	4
Residents on 12/31/2017	67

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	67

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	90	67	90	67	23	34	90
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	90	90	67	90	67	23	34	90

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	219	1.8%	1107	3.4%	102	26	592	0	2046	6.2%	6.2%
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%
TOTALS	219	1.8%	1107	3.4%	102	26	592	0	2046	6.2%	6.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	2	0	2
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	7	13	0	0	0	0	0	0	7	13	20
75 to 84	2	13	0	0	0	0	0	0	2	13	15
85+	8	17	0	0	0	0	0	0	8	17	25
TOTALS	21	46	0	0	0	0	0	0	21	46	67

GREENVILLE NURSING AND REHABILITATION CT
400 E. HILLVIEW AVE
Greenville, IL. 62246

Classification Numbers

Facility ID	6004493	
Health Service Area	005	
Planning Service Area	005	Bond
County	005	Bond County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	36	0	0	21	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	36	0	0	21	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	10.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	30.00
Totals	74.00

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%	37.3%	4.9%	0.0%	21.2%	100.0%		
138,053	140,832	18,602	0	79,995	377,482	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Greenwood Care
1406 Chicago Ave
Evanston, IL. 60201

Reference Numbers

Facility ID	6000202	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

Administrator
Laurie Daugherty

Contact Person and Telephone
Laurie Daugherty
847-328-6503

Registered Agent Information
Tom Winter
6840 North Lincoln Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/16/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	132
Total Admissions 2017	55
Total Discharges 2017	55
Residents on 12/31/2017	132

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	132
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
TOTALS	132

Total Residents Diagnosed as Mentally Ill 132

Total Residents Reported as Identified Offenders 18

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	145	145	140	145	132	13	0	145
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	145	145	140	145	132	13	0	145

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	128	0.2%	0	0	4	0	132	0.2%	0.2%
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%
TOTALS	0	0.0%	128	0.2%	0	0	4	0	132	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	27	14	0	0	0	0	0	0	27	14	41
45 to 59	34	23	0	0	0	0	0	0	34	23	57
60 to 64	15	6	0	0	0	0	0	0	15	6	21
65 to 74	4	8	0	0	0	0	0	0	4	8	12
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
TOTALS	80	52	0	0	0	0	0	0	80	52	132

Greenwood Care
1406 Chicago Ave
Evanston, IL. 60201

Classification Numbers

Facility ID	6000202	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	128	4	0	0	0	132
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	128	4	0	0	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	33	0	0	0	33
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	5	0	0	0	5
Total	132	0	0	0	132

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	33	0	0	0	33
Ethnicity Unknown	94	0	0	0	94
Total	132	0	0	0	132

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.50
LPN's	7.00
Certified Aides	27.00
Other Health Staff	13.00
Non-Health Staff	33.00
Totals	83.50

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%	78.1%	0.0%	0.0%	21.9%	100.0%		
0	4,016,216	0	0	1,128,676	5,144,892	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Grosse Pointe Manor
6601 W Touhy Ave
Niles, IL. 60714

Reference Numbers

Facility ID	6003511	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

Administrator
Sherry Mauer

Contact Person and Telephone
Jonathan Burstyn
847-647-9875

Registered Agent Information
Abraham J Stern
191 North Wacker Drive, Suite 1800
Chicago, IL 60606

Date Questionnaire Completed 4/11/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	87
Total Admissions 2017	12
Total Discharges 2017	10
Residents on 12/31/2017	89

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	22
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	1
Circulatory System	33
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	89

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	90	99	89	10	99	99
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	99	99	90	99	89	10	99	99

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2959	8.2%	25659	71.0%	506	0	3521	0	32645	90.3%	90.3%
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%
TOTALS	2959	8.2%	25659	71.0%	506	0	3521	0	32645	90.3%	90.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	8	68	0	0	0	0	0	0	8	68	76
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	12	77	0	0	0	0	0	0	12	77	89

Grosse Pointe Manor
6601 W Touhy Ave
Niles, IL. 60714

Classification Numbers

Facility ID	6003511	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	24	40	6	7	0	87
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	24	40	6	7	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	30	0	0	0	30
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	14	0	0	0	14
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	14	0	0	0	14
Total	89	0	0	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.25
LPN's	10.00
Certified Aides	31.52
Other Health Staff	0.00
Non-Health Staff	23.25
Totals	73.02

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
24.2%	64.6%	1.3%	0.0%	9.9%	100.0%		
1,782,113	4,758,442	95,951	0	725,568	7,362,074	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Group Home #1
212 Bachman Lane
Godfrey, IL. 62035

Reference Numbers

Facility ID	6012918	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Rachel N. Lollis

Contact Person and Telephone
Rachel N. Lollis
618-466-0367 EXT 820

Registered Agent Information
Nicholas Lynn
190 South LaSalle Street
Chicago, IL 60603

Date Questionnaire Completed 3/5/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	1
Total Discharges 2017	2
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5088	87.1%	0	0	335	0	5423	92.9%	92.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5088	87.1%	0	0	335	0	5423	92.9%	92.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	1	0	0	4	1	5
45 to 59	0	0	0	0	0	4	0	0	0	4	4
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	4	1	0	0	4	1	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
TOTALS	0	0	0	0	8	7	0	0	8	7	15

Group Home #1
212 Bachman Lane
Godfrey, IL. 62035

Classification Numbers

Facility ID	6012918	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	4.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	7.00

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
0.0%	75.2%	0.0%	0.0%	24.8%	100.0%		
0	502,526	0	0	166,077	668,603	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Group Home #2
224 Bachman Lane
Godfrey, IL. 62035

Reference Numbers

Facility ID	6012900	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Rachel N. Lollis

Contact Person and Telephone
Rachel N. Lollis
618-466-0367 EXT 820

Registered Agent Information
Nicholas Lynn
190 South LaSalle Street
Chicago, IL 60603

Date Questionnaire Completed 3/8/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	1
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5276	90.3%	0	0	41	0	5317	91.0%	91.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5276	90.3%	0	0	41	0	5317	91.0%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	3	1	0	0	3	1	4
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	2	0	0	0	2	0	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Group Home #2
224 Bachman Lane
Godfrey, IL. 62035

Classification Numbers

Facility ID	6012900	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	3.00
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	7.00

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
0.0%	75.7%	0.0%	0.0%	24.3%	100.0%		
0	507,981	0	0	162,966	670,947	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Group Home #3
302 Bachman Lane
Godfrey, IL. 62035

Reference Numbers

Facility ID	6013221	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Rachel N. Lollis

Contact Person and Telephone
Rachel N. Lollis
618-466-0367 EXT 820

Registered Agent Information
Nicholas Lynn
190 South LaSalle Street
Chicago, IL 60603

Date Questionnaire Completed 3/8/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	1
Total Discharges 2017	2
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5155	88.3%	0	0	365	0	5520	94.5%	94.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5155	88.3%	0	0	365	0	5520	94.5%	94.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	3	0	0	5	3	8
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	8	7	0	0	8	7	15

Group Home #3
302 Bachman Lane
Godfrey, IL. 62035

Classification Numbers

Facility ID	6013221	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	1	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	1	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	5.00
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	9.00

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
0.0%	77.0%	0.0%	0.0%	23.0%	100.0%		
0	516,505	0	0	153,951	670,456	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Group Home #4
314 Bachman Lane
Godfrey, IL. 62035

Reference Numbers

Facility ID	6013239	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Rachel N. Lollis

Contact Person and Telephone
Rachel N. Lollis
618-466-0367 EXT 820

Registered Agent Information
Nicholas Lynn
190 South LaSalle Street
Chicago, IL 60603

Date Questionnaire Completed 3/8/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	0
Total Discharges 2017	2
Residents on 12/31/2017	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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
TOTALS	13

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	13	3	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5040	86.3%	0	0	291	0	5331	91.3%	91.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5040	86.3%	0	0	291	0	5331	91.3%	91.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	2	0	0	3	2	5
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	2	0	0	0	2	0	2
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
TOTALS	0	0	0	0	8	5	0	0	8	5	13

Group Home #4
314 Bachman Lane
Godfrey, IL. 62035

Classification Numbers

Facility ID	6013239	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	5.00
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	9.00

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
0.0%	76.3%	0.0%	0.0%	23.7%	100.0%		
0	521,044	0	0	161,432	682,476	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Group Home #5
308 Bachman Lane
Godfrey, IL. 62035

Reference Numbers

Facility ID	6013254	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Rachel N. Lollis

Contact Person and Telephone
Rachel N. Lollis
618-466-0367 EXT 820

Registered Agent Information
Nicholas Lynn
190 South LaSalle Street
Chicago, IL 60603

Date Questionnaire Completed 3/8/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5298	90.7%	0	0	62	0	5360	91.8%	91.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5298	90.7%	0	0	62	0	5360	91.8%	91.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	4	0	0	3	4	7
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	4	3	0	0	4	3	7
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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Group Home #5
308 Bachman Lane
Godfrey, IL. 62035

Classification Numbers

Facility ID	6013254	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	3.00
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	7.00

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
0.0%	74.1%	0.0%	0.0%	25.9%	100.0%		
0	517,317	0	0	180,687	698,004	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Group Home #6
320 Bachman Lane
Godfrey, IL. 62035

Reference Numbers

Facility ID	6013262	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Rachel N. Lollis

Contact Person and Telephone
Rachel N. Lollis
618-466-0367 EXT 820

Registered Agent Information
Nicholas Lynn
190 South LaSalle Street
Chicago, IL 60603

Date Questionnaire Completed 3/13/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5523	94.6%	0	0	215	0	5738	98.3%	98.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5523	94.6%	0	0	215	0	5738	98.3%	98.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	9	0	0	0	9	0	9
45 to 59	0	0	0	0	6	0	0	0	6	0	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	16	0	0	0	16	0	16

Group Home #6
320 Bachman Lane
Godfrey, IL. 62035

Classification Numbers

Facility ID	6013262	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	3.00
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	7.00

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
0.0%	83.6%	0.0%	0.0%	16.4%	100.0%		
0	581,197	0	0	114,107	695,304	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROVE AT THE LAKE LIVING & REHAB CENTER
2534 ELIM AVENUE

Reference Numbers

Facility ID	6008593	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Julie Stangel

Contact Person and Telephone
Julie Stangel
847-746-8435

Registered Agent Information

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	179
Total Admissions 2017	317
Total Discharges 2017	317
Residents on 12/31/2017	179

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	18
Blood Disorders	2
*Nervous System Non Alzheimer	24
Alzheimer Disease	12
Mental Illness	15
Developmental Disability	0
Circulatory System	23
Respiratory System	15
Digestive System	13
Genitourinary System Disorders	13
Skin Disorders	14
Musculo-skeletal Disorders	17
Injuries and Poisonings	9
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	179

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 11

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	230	220	179	220	179	51	67	230
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	230	220	179	220	179	51	67	230

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5687	23.3%	55266	65.8%	0	1333	2880	0	65166	77.6%	81.2%
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%
TOTALS	5687	23.3%	55266	65.8%	0	1333	2880	0	65166	77.6%	81.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	1	0	0	0	0	0	0	7	1	8
45 to 59	18	12	0	0	0	0	0	0	18	12	30
60 to 64	20	15	0	0	0	0	0	0	20	15	35
65 to 74	19	17	0	0	0	0	0	0	19	17	36
75 to 84	23	20	0	0	0	0	0	0	23	20	43
85+	9	18	0	0	0	0	0	0	9	18	27
TOTALS	96	83	0	0	0	0	0	0	96	83	179

GROVE AT THE LAKE LIVING & REHAB CENTER
2534 ELIM AVENUE

Classification Numbers

Facility ID	6008593	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	155	0	1	6	0	179
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	155	0	1	6	0	179

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	1	0	0	0	1
Black	64	0	0	0	64
Hawaiian/Pacific Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	179	0	0	0	179

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	166	0	0	0	166
Ethnicity Unknown	0	0	0	0	0
Total	179	0	0	0	179

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.20
Physicians	0.00
Director of Nursing	0.20
Registered Nurses	20.00
LPN's	51.20
Certified Aides	100.00
Other Health Staff	15.00
Non-Health Staff	79.02
Totals	265.62

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
24.4%	67.7%	0.0%	4.8%	3.0%	100.0%		
3,559,353	9,896,164	0	706,585	445,383	14,607,485	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Hallam Terrace
1108 Taylor St.
Rockford, IL. 61101

Reference Numbers

Facility ID	6010821	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Billie Callahan

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	1
Total Discharges 2017	2
Residents on 12/31/2017	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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
TOTALS	14

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	14	2	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5501	94.2%	0	0	0	0	5501	94.2%	94.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5501	94.2%	0	0	0	0	5501	94.2%	94.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	6	0	0	0	6	6
45 to 59	0	0	0	0	1	3	0	0	1	3	4
60 to 64	0	0	0	0	3	0	0	0	3	0	3
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	5	9	0	0	5	9	14

Hallam Terrace
1108 Taylor St.
Rockford, IL. 61101

Classification Numbers

Facility ID	6010821	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	81.9%	1.8%	0.0%	16.3%	100.0%		
0	571,613	12,641	0	113,988	698,242	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Hallmark House Nursing Center
2501 Allentown Road
Pekin, IL. 61554

Reference Numbers

Facility ID	6003933	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Laurie Read

Contact Person and Telephone
Laurie Read
309-347-3121 X 224

Registered Agent Information

Date Questionnaire Completed 3/18/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	41
Total Admissions 2017	196
Total Discharges 2017	197
Residents on 12/31/2017	40

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	4
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	6
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	40

Total Residents Diagnosed as Mentally Ill 30

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	71	63	41	63	40	31	71	26
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	71	63	41	63	40	31	71	26

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2651	10.2%	1168	12.3%	0	1451	2534	0	7804	30.1%	33.9%
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%
TOTALS	2651	10.2%	1168	12.3%	0	1451	2534	0	7804	30.1%	33.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	1	0	0	0	0	0	0	4	1	5
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	6	17	0	0	0	0	0	0	6	17	23
TOTALS	15	25	0	0	0	0	0	0	15	25	40

Hallmark House Nursing Center
2501 Allentown Road
Pekin, IL. 61554

Classification Numbers

Facility ID	6003933	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	14	0	6	13	0	40
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	14	0	6	13	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	40	0	0	0	40

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	40	0	0	0	40
Ethnicity Unknown	0	0	0	0	0
Total	40	0	0	0	40

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.50
LPN's	6.00
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	20.50
Totals	58.00

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
40.9%	14.1%	0.0%	14.1%	30.9%	100.0%		
1,578,861	544,056	0	544,061	1,190,097	3,857,075	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HAMILTON MEMORIAL REHAB & HEALTHCARE C
609 S MARSHALL AVE BOX 279
McLeansboro, IL. 62859

Reference Numbers

Facility ID	6003974	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline
County	065	Hamilton County

Administrator
Kelly Boggess

Contact Person and Telephone
Kelly Boggess
618-643-2325

Registered Agent Information
HAMILTON MEMORIAL NSG & REHAB
609 S MARSHALL AVE PO BOX 279
McLeansboro, IL 62859

Date Questionnaire Completed 3/5/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	53
Total Admissions 2017	37
Total Discharges 2017	41
Residents on 12/31/2017	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	8
Mental Illness	16
Developmental Disability	0
Circulatory System	5
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	1
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 16

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	57	57	57	49	11	0	60
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	60	57	57	57	49	11	0	60

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1407	0.0%	9237	42.2%	689	73	8473	0	19879	90.8%	95.5%
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%
TOTALS	1407	0.0%	9237	42.2%	689	73	8473	0	19879	90.8%	95.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	3	1	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	0	0	0	0	0	0	0	2	0	2
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	5	24	0	0	0	0	0	0	5	24	29
TOTALS	13	36	0	0	0	0	0	0	13	36	49

HAMILTON MEMORIAL REHAB & HEALTHCARE C
609 S MARSHALL AVE BOX 279
McLeansboro, IL. 62859

Classification Numbers

Facility ID	6003974	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline
County	065	Hamilton County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	23	1	0	22	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	23	1	0	22	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.17
LPN's	5.56
Certified Aides	14.44
Other Health Staff	8.14
Non-Health Staff	11.00
Totals	46.31

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
18.8%	32.7%	1.5%	4.9%	42.1%	100.0%		
650,270	1,132,970	52,722	170,232	1,457,479	3,463,673	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Hammett House
1845 1st Avenue
Sterling, IL. 61081

Reference Numbers

Facility ID	6003982	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

Administrator
Stacy Egli

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5631	96.4%	0	0	0	0	5631	96.4%	96.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5631	96.4%	0	0	0	0	5631	96.4%	96.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	4	0	0	1	4	5
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	2	2	0	0	2	2	4
75 to 84	0	0	0	0	0	2	0	0	0	2	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	10	0	0	6	10	16

Hammett House
1845 1st Avenue
Sterling, IL. 61081

Classification Numbers

Facility ID	6003982	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	80.9%	1.2%	0.0%	17.9%	100.0%		
0	580,114	8,401	0	128,392	716,907	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Hammond House
6701 S Morgan
Chicago, IL. 60621

Reference Numbers

Facility ID	6003990	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 68 - Englewood

Administrator
Linda Darling

Contact Person and Telephone
Linda Darling
773-918-6209

Registered Agent Information
Adrienne Golembiewski
1359 W Washington Blvd
Chicago, IL 60607

Date Questionnaire Completed 4/11/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	13
Total Admissions 2017	0
Total Discharges 2017	2
Residents on 12/31/2017	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
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
TOTALS	11

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	11	15	11	4		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	11	15	11	4	0	15

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			11	0.2%	0	0	0	0	11	0.2%	0.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	11	0.2%	0	0	0	0	11	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	5	0	0	0	5	5
45 to 59	0	0	0	0	0	5	0	0	0	5	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	0	11	0	0	0	11	11

Hammond House
6701 S Morgan
Chicago, IL. 60621

Classification Numbers

Facility ID	6003990	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 68 - Englewood

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	11	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	1	0	1

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	1.00
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	14.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	640,592	0	0	0	640,592	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Hammond-Henry Hospital
600 N. College Ave.
Geneseo, IL. 61254

Reference Numbers

Facility ID	6004006	
Health Service Area	010	
Planning Service Area	073	Henry
County	073	Henry County

Administrator
Mark Kuhn

Contact Person and Telephone
Kathy Tank
309-944-9102

Registered Agent Information

Date Questionnaire Completed 3/9/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	34
Total Admissions 2017	112
Total Discharges 2017	110
Residents on 12/31/2017	36

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	4
Non-Medical Conditions	8
TOTALS	36

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	38	38	38	38	36	2	25	4
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	38	38	38	38	36	2	25	4

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	1537	######	0	0	9798	0	11335	81.7%	81.7%
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%
TOTALS	0	0.0%	1537	######	0	0	9798	0	11335	81.7%	81.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	1	3	0	0	0	0	0	0	1	3	4
85+	5	25	0	0	0	0	0	0	5	25	30
TOTALS	6	30	0	0	0	0	0	0	6	30	36

Hammond-Henry Hospital
600 N. College Ave.
Geneseo, IL. 61254

Classification Numbers

Facility ID	6004006	
Health Service Area	010	
Planning Service Area	073	Henry
County	073	Henry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	5	0	0	29	0	36
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	5	0	0	29	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	36	0	0	0	36
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	3.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	22.00

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
18.6%	5.3%	0.0%	3.4%	72.7%	100.0%		
461,834	132,450	0	83,181	1,800,146	2,477,611	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Harbor Crest Home, Inc
817 17th Street
Fulton, IL. 61252

Reference Numbers

Facility ID	6004048	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

Administrator
Myra A. Chattic

Contact Person and Telephone
Myra A. Chattic
815-589-3411

Registered Agent Information
Myra A. Chattic
1401 Harvey Drive
Sterling, IL 61081

Date Questionnaire Completed 3/7/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	38
Total Admissions 2017	15
Total Discharges 2017	15
Residents on 12/31/2017	38

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	11
Mental Illness	1
Developmental Disability	0
Circulatory System	13
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	39

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	84	84	39	84	39	45	0	84
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	84	84	39	84	39	45	0	84

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	237	0.0%	6319	20.6%	0	0	8025	0	14581	47.6%	47.6%
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%
TOTALS	237	0.0%	6319	20.6%	0	0	8025	0	14581	47.6%	47.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	1	7	0	0	0	0	0	0	1	7	8
85+	8	22	0	0	0	0	0	0	8	22	30
TOTALS	9	30	0	0	0	0	0	0	9	30	39

Harbor Crest Home, Inc
817 17th Street
Fulton, IL. 61252

Classification Numbers

Facility ID	6004048	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	16	0	0	23	0	39
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	23	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	39	0	0	0	39

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	39	0	0	0	39
Ethnicity Unknown	0	0	0	0	0
Total	39	0	0	0	39

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	3.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	31.00

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
4.1%	22.0%	0.0%	0.5%	73.3%	100.0%		
97,084	520,004	0	12,094	1,731,181	2,360,363	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Harmony Nursing & Rehabilitation
3919 W Foster Ave.
Chicago, IL. 60625

Reference Numbers

Facility ID	6013684	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 14 - Albany Park

Administrator
Allen Hollander

Contact Person and Telephone
Allen Hollander
773-588-9500

Registered Agent Information
Sandra Cedrins
6633 N Lincoln
Lincolnwood, IL 60712

Date Questionnaire Completed 3/19/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	168
Total Admissions 2017	243
Total Discharges 2017	240
Residents on 12/31/2017	171

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	32
Alzheimer Disease	7
Mental Illness	1
Developmental Disability	0
Circulatory System	61
Respiratory System	21
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	171

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	180	180	171	180	171	9	180	180
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	180	180	171	180	171	9	180	180

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5678	8.6%	43298	65.9%	365	2194	7524				
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%
TOTALS	5678	8.6%	43298	65.9%	365	2194	7524			0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	6	1	0	0	0	0	0	0	6	1	7
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	12	17	0	0	0	0	0	0	12	17	29
75 to 84	19	24	0	0	0	0	0	0	19	24	43
85+	28	57	0	0	0	0	0	0	28	57	85
TOTALS	68	103	0	0	0	0	0	0	68	103	171

Harmony Nursing & Rehabilitation
3919 W Foster Ave.
Chicago, IL. 60625

Classification Numbers

Facility ID	6013684	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 14 - Albany Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	121	1	8	18	0	171
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	121	1	8	18	0	171

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	34	0	0	0	34
American Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	40	0	0	0	40
Total	171	0	0	0	171

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	40	0	0	0	40
Non-Hispanic	131	0	0	0	131
Ethnicity Unknown	0	0	0	0	0
Total	171	0	0	0	171

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	21.00
Certified Aides	58.00
Other Health Staff	7.00
Non-Health Staff	46.00
Totals	152.00

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
58.7%	23.8%	0.6%	4.3%	12.5%	100.0%		
7,062,656	2,868,138	76,693	518,833	1,509,419	12,035,739	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Harris Place
205 Harris Road
East Peoria, IL. 61611

Reference Numbers

Facility ID	6013346	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Laura DePauw

Contact Person and Telephone
Christina Durbin
217-825-4267

Registered Agent Information
Lawrence Manson
20180 Governors Drive Suite 300
Olympia Fields, IL 60461

Date Questionnaire Completed 4/11/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	3
Total Discharges 2017	0
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4473	76.6%	0	0	0	0	4473	76.6%	76.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4473	76.6%	0	0	0	0	4473	76.6%	76.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	2	0	0	2	2	4
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	2	3	0	0	2	3	5
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	7	8	0	0	7	8	15

Harris Place
205 Harris Road
East Peoria, IL. 61611

Classification Numbers

Facility ID	6013346	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	0.00
Other Health Staff	8.00
Non-Health Staff	0.50
Totals	9.50

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%	75.3%	0.0%	0.0%	24.7%	100.0%		
0	439,613	0	0	143,954	583,567	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Hartemayer Home
6300 N. Ridge Avenue
Chicago, IL. 60660

Reference Numbers

Facility ID	6016844	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Megan Polydoris

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Avenue
Chicago, IL 60660

Date Questionnaire Completed 3/27/2018

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	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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	3
Total Discharges 2017	3
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	15	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5446	#Div/0!	0	0	0	0	5446	99.5%	99.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5446	0.0%	0	0	0	0	5446	99.5%	99.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	11	0	0	0	11	0	11
60 to 64	0	0	0	0	3	0	0	0	3	0	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
TOTALS	0	0	0	0	15	0	0	0	15	0	15

Hartemayer Home
6300 N. Ridge Avenue
Chicago, IL. 60660

Classification Numbers

Facility ID	6016844	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.36
Physicians	0.09
Director of Nursing	0.25
Registered Nurses	0.71
LPN's	0.75
Certified Aides	14.62
Other Health Staff	3.47
Non-Health Staff	6.24
Totals	26.49

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%	82.5%	0.0%	0.0%	17.5%	100.0%		
0	831,923	0	0	175,998	1,007,921	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Havana Health Care Center
609 N Harpham Street
Havana, IL. 62644

Reference Numbers

Facility ID	6004089	
Health Service Area	003	
Planning Service Area	125	Mason
County	125	Mason County

Administrator
Margaret Ferris

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/6/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	55
Total Admissions 2017	107
Total Discharges 2017	107
Residents on 12/31/2017	55

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	55

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	65	98	55	43	18	98
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	98	98	65	98	55	43	18	98

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1316	20.0%	15977	44.7%	0	61	3618	0	20972	58.6%	58.6%
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%
TOTALS	1316	20.0%	15977	44.7%	0	61	3618	0	20972	58.6%	58.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	4	0	0	0	0	0	0	3	4	7
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	6	14	0	0	0	0	0	0	6	14	20
TOTALS	21	34	0	0	0	0	0	0	21	34	55

Havana Health Care Center
609 N Harpham Street
Havana, IL. 62644

Classification Numbers

Facility ID	6004089	
Health Service Area	003	
Planning Service Area	125	Mason
County	125	Mason County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	44	0	0	7	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	44	0	0	7	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	10.00
Certified Aides	36.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	73.00

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
7.0%	73.8%	0.0%	0.9%	18.3%	100.0%		
195,783	2,068,764	0	24,103	513,268	2,801,918	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Hawthorne Inn of Danville
3222 Independence Dr.
Danville, IL. 61832

Reference Numbers

Facility ID	6015317	
Health Service Area	004	
Planning Service Area	183	Vermilion
County	183	Vermilion County

Administrator
Lisa Miller

Contact Person and Telephone
Lisa Miller
217-431-1600 Opt. 1

Registered Agent Information
J. Michael Bibo
285 Farnham St.
Galesburg, IL 61401

Date Questionnaire Completed 3/9/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	105
Total Admissions 2017	300
Total Discharges 2017	296
Residents on 12/31/2017	109

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	15
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	32
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	24
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	107

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	80	79	80	73	7	76	52
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	60	60	43	60	34	26		
TOTAL BEDS	140	140	122	140	107	33	76	52

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7454	26.9%	5402	28.5%	257	0	13733	0	26846	91.9%	91.9%
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	15683	0	15683	71.6%	71.6%
TOTALS	7454	26.9%	5402	28.5%	257	0	29416	0	42529	83.2%	83.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	10	13	0	0	0	0	1	7	11	20	31
85+	8	40	0	0	0	0	2	24	10	64	74
TOTALS	18	55	0	0	0	0	3	31	21	86	107

Hawthorne Inn of Danville
3222 Independence Dr.
Danville, IL. 61832

Classification Numbers

Facility ID	6015317	
Health Service Area	004	
Planning Service Area	183	Vermilion
County	183	Vermilion County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	18	0	0	37	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	34	0	34
TOTALS	18	18	0	0	71	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	34	104
Race Unknown	0	0	0	0	0
Total	73	0	0	34	107

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	73	0	0	34	107
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	34	107

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	11.00
Certified Aides	61.00
Other Health Staff	8.00
Non-Health Staff	49.00
Totals	152.00

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
37.0%	7.8%	0.3%	1.5%	53.4%	100.0%		
3,530,293	746,201	32,614	139,154	5,096,498	9,544,760	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Hearthstone Manor
920 N. Seminary Ave.
Woodstock, IL. 60098

Reference Numbers

Facility ID	6009310	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

Administrator
Joni Fisher

Contact Person and Telephone
Crystal Noble
815-338-1749 ext: 4039

Registered Agent Information

Date Questionnaire Completed 3/21/2018

Continuing Care Retirement Community

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	82
Total Admissions 2017	296
Total Discharges 2017	295
Residents on 12/31/2017	83

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	13
Mental Illness	24
Developmental Disability	0
Circulatory System	17
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	11
TOTALS	83

Total Residents Diagnosed as Mentally Ill 24

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	75	75	52	75	43	32	29	32
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	63	63	39	63	40	23		
TOTAL BEDS	138	138	91	138	83	55	29	32

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3213	30.4%	7	0.1%	0	510	4533	0	8263	30.2%	30.2%
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	13318	1163			
TOTALS	3213	30.4%	7	0.1%		510	17851	1163		0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	2	1	3	2	5
75 to 84	3	13	0	0	0	0	3	4	6	17	23
85+	4	19	0	0	0	0	3	27	7	46	53
TOTALS	9	34	0	0	0	0	8	32	17	66	83

Hearthstone Manor
920 N. Seminary Ave.
Woodstock, IL. 60098

Classification Numbers

Facility ID	6009310	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	18	0	1	15	0	43
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	37	3	40
TOTALS	9	18	0	1	52	3	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	40	83
Race Unknown	0	0	0	0	0
Total	43	0	0	40	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	43	0	0	40	83
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	40	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	6.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	30.00
Totals	75.00

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
24.9%	16.4%	0.0%	1.7%	57.0%	100.0%		
1,887,985	1,242,482	0	127,541	4,314,091	7,572,099	188,410	2.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heartland Christian Village, LLC.
101 Trowbridge Road
Neoga, IL. 62447

Reference Numbers

Facility ID	6013437	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland
County	035	Cumberland County

Administrator
John Letizia

Contact Person and Telephone
John Letizia
217-895-2665

Registered Agent Information
John Letizia
101 Trowbridge Road
Neoga, IL 62447

Date Questionnaire Completed 4/16/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	65
Total Admissions 2017	159
Total Discharges 2017	164
Residents on 12/31/2017	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	3
*Nervous System Non Alzheimer	5
Alzheimer Disease	5
Mental Illness	16
Developmental Disability	1
Circulatory System	6
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 21

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	71	71	67	71	60	11	71	56
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	71	71	67	71	60	11	71	56

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3532	13.6%	7749	37.9%	0	402	11862	0	23545	90.9%	90.9%
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%
TOTALS	3532	13.6%	7749	37.9%	0	402	11862	0	23545	90.9%	90.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	0	0	0	0	0	0	0	4	0	4
75 to 84	7	7	0	0	0	0	0	0	7	7	14
85+	2	39	0	0	0	0	0	0	2	39	41
TOTALS	14	46	0	0	0	0	0	0	14	46	60

Heartland Christian Village, LLC.
101 Trowbridge Road
Neoga, IL. 62447

Classification Numbers

Facility ID	6013437	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland
County	035	Cumberland County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	20	0	0	34	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	20	0	0	34	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	12.00
Certified Aides	34.00
Other Health Staff	0.00
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
32.9%	22.5%	0.3%	0.6%	43.7%	100.0%		
1,730,322	1,182,739	16,674	29,372	2,300,781	5,259,888	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND MANOR NURSING HOME
410 NORTHWEST THIRD
Casey, IL. 62420

Reference Numbers

Facility ID	6004121	
Health Service Area	004	
Planning Service Area	023	Clark
County	023	Clark County

Administrator
Penny J Chrysler

Contact Person and Telephone
Penny J Chrysler
217-932-4081

Registered Agent Information

Date Questionnaire Completed 4/10/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	56
Total Admissions 2017	53
Total Discharges 2017	63
Residents on 12/31/2017	46

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	2
Circulatory System	16
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	5
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	46

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	81	81	61	81	46	35	35	71
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	81	81	61	81	46	35	35	71

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2669	20.9%	7797	30.1%	0	708	9011	0	20185	68.3%	68.3%
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%
TOTALS	2669	20.9%	7797	30.1%	0	708	9011	0	20185	68.3%	68.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	6	18	0	0	0	0	0	0	6	18	24
TOTALS	14	32	0	0	0	0	0	0	14	32	46

HEARTLAND MANOR NURSING HOME
410 NORTHWEST THIRD
Casey, IL. 62420

Classification Numbers

Facility ID	6004121	
Health Service Area	004	
Planning Service Area	023	Clark
County	023	Clark County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	19	0	2	23	0	46
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	19	0	2	23	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	46	0	0	0	46
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	0	46

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	9.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	70.00

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
28.2%	27.6%	0.0%	7.5%	36.7%	100.0%		
1,023,938	1,000,702	0	271,618	1,332,706	3,628,964	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heartland of Canton IL, LLC
2081 N Main St.
Canton, IL. 61520

Reference Numbers

Facility ID	6011597	
Health Service Area	002	
Planning Service Area	057	Fulton
County	057	Fulton County

Administrator
Jeff Howd

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	51
Total Admissions 2017	245
Total Discharges 2017	236
Residents on 12/31/2017	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	11
Developmental Disability	1
Circulatory System	11
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	5
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 46

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	84	69	84	60	30	90	90
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	90	84	69	84	60	30	90	90

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3418	10.4%	12908	39.3%	0	1412	3007	0	20745	63.2%	67.7%
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%
TOTALS	3418	10.4%	12908	39.3%	0	1412	3007	0	20745	63.2%	67.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	5	0	0	0	0	0	0	0	5	5
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	8	5	0	0	0	0	0	0	8	5	13
75 to 84	12	7	0	0	0	0	0	0	12	7	19
85+	6	15	0	0	0	0	0	0	6	15	21
TOTALS	27	33	0	0	0	0	0	0	27	33	60

Heartland of Canton IL, LLC
2081 N Main St.
Canton, IL. 61520

Classification Numbers

Facility ID	6011597	
Health Service Area	002	
Planning Service Area	057	Fulton
County	057	Fulton County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	32	0	6	11	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	32	0	6	11	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	6.00
Certified Aides	17.00
Other Health Staff	6.00
Non-Health Staff	19.00
Totals	56.00

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
36.7%	38.2%	0.0%	11.8%	13.2%	100.0%		
1,783,181	1,854,794	0	573,686	642,199	4,853,860	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heartland of Champaign IL, LLC
309 E Springfield Ave.
Champaign, IL. 61820

Reference Numbers

Facility ID	6000301	
Health Service Area	004	
Planning Service Area	019	Champaign
County	019	Champaign County

Administrator
Dawn Job

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	71
Total Admissions 2017	455
Total Discharges 2017	462
Residents on 12/31/2017	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	102	95	80	95	64	38	102	57
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	102	95	80	95	64	38	102	57

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4258	11.4%	13860	66.6%	0	3023	4673	0	25814	69.3%	74.4%
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%
TOTALS	4258	11.4%	13860	66.6%	0	3023	4673	0	25814	69.3%	74.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	9	5	0	0	0	0	0	0	9	5	14
85+	5	22	0	0	0	0	0	0	5	22	27
TOTALS	24	40	0	0	0	0	0	0	24	40	64

Heartland of Champaign IL, LLC
309 E Springfield Ave.
Champaign, IL. 61820

Classification Numbers

Facility ID	6000301	
Health Service Area	004	
Planning Service Area	019	Champaign
County	019	Champaign County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	41	0	5	10	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	41	0	5	10	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pacific Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	9.00
Certified Aides	28.00
Other Health Staff	8.00
Non-Health Staff	27.00
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
40.0%	22.5%	0.0%	20.3%	17.2%	100.0%		
2,991,223	1,685,133	0	1,520,916	1,289,160	7,486,432	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heartland of Decatur IL, LLC
444 W. Harrison Ave.
Decatur, IL. 62526

Reference Numbers

Facility ID	6000285	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
Cheryl Vittorio

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	77
Total Admissions 2017	280
Total Discharges 2017	290
Residents on 12/31/2017	67

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	67

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	117	115	87	115	67	50	117	63
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	117	115	87	115	67	50	117	63

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4803	11.2%	17125	74.5%	0	955	5442	0	28325	66.3%	67.5%
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%
TOTALS	4803	11.2%	17125	74.5%	0	955	5442	0	28325	66.3%	67.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	3	0	0	0	0	0	0	0	3	3
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	8	7	0	0	0	0	0	0	8	7	15
75 to 84	6	15	0	0	0	0	0	0	6	15	21
85+	3	21	0	0	0	0	0	0	3	21	24
TOTALS	19	48	0	0	0	0	0	0	19	48	67

Heartland of Decatur IL, LLC
444 W. Harrison Ave.
Decatur, IL. 62526

Classification Numbers

Facility ID	6000285	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	43	0	1	15	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	43	0	1	15	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	12.00
Certified Aides	34.00
Other Health Staff	5.00
Non-Health Staff	32.00
Totals	89.00

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
32.8%	35.7%	0.0%	9.6%	22.0%	100.0%		
2,153,251	2,344,914	0	627,696	1,446,063	6,571,924	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heartland of Galesburg IL, LLC
280 E Losey St.
Galesburg, IL. 61401

Reference Numbers

Facility ID	6003446	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

Administrator
Shaila Hart

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	68
Total Admissions 2017	313
Total Discharges 2017	317
Residents on 12/31/2017	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	9
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 52

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	84	72	72	72	64	20	84	38
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	84	72	72	72	64	20	84	38

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4637	15.1%	11957	86.2%	0	1834	5727	0	24155	78.8%	91.9%
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%
TOTALS	4637	15.1%	11957	86.2%	0	1834	5727	0	24155	78.8%	91.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
65 to 74	9	11	0	0	0	0	0	0	9	11	20
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	5	22	0	0	0	0	0	0	5	22	27
TOTALS	19	45	0	0	0	0	0	0	19	45	64

Heartland of Galesburg IL, LLC
280 E Losey St.
Galesburg, IL. 61401

Classification Numbers

Facility ID	6003446	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	32	0	7	13	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	32	0	7	13	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	9.00
Certified Aides	22.00
Other Health Staff	8.00
Non-Health Staff	24.00
Totals	69.00

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
39.2%	28.5%	0.0%	13.6%	18.7%	100.0%		
2,495,595	1,817,969	0	866,314	1,193,976	6,373,854	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heartland of Henry IL, LLC
1650 Old Indian Town Rd.
Henry, IL. 61537

Reference Numbers

Facility ID	6011613	
Health Service Area	002	
Planning Service Area	123	Marshall/Stark
County	123	Marshall County

Administrator
Stacy Brenton

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	66
Total Admissions 2017	234
Total Discharges 2017	240
Residents on 12/31/2017	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	12
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	4
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 27

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	94	92	77	92	60	34	62	30
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	94	92	77	92	60	34	62	30

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3592	15.9%	9028	82.4%	0	1606	9681	0	23907	69.7%	71.2%
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%
TOTALS	3592	15.9%	9028	82.4%	0	1606	9681	0	23907	69.7%	71.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	8	15	0	0	0	0	0	0	8	15	23
85+	9	22	0	0	0	0	0	0	9	22	31
TOTALS	21	39	0	0	0	0	0	0	21	39	60

Heartland of Henry IL, LLC
1650 Old Indian Town Rd.
Henry, IL. 61537

Classification Numbers

Facility ID	6011613	
Health Service Area	002	
Planning Service Area	123	Marshall/Stark
County	123	Marshall County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	25	0	2	22	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	25	0	2	22	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	5.00
Certified Aides	19.00
Other Health Staff	5.00
Non-Health Staff	26.00
Totals	64.00

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
32.6%	20.4%	0.0%	13.0%	34.0%	100.0%		
1,976,568	1,238,490	0	786,998	2,060,287	6,062,343	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heartland of Macomb IL, LLC
8 Doctors Lane
Macomb, IL. 61455

Reference Numbers

Facility ID	6005649	
Health Service Area	002	
Planning Service Area	109	McDonough
County	109	McDonough County

Administrator
Athena Brooks

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	66
Total Admissions 2017	253
Total Discharges 2017	251
Residents on 12/31/2017	68

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	15
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	9
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	68

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	73	73	73	68	12	80	80
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	80	73	73	73	68	12	80	80

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4987	17.1%	14290	48.9%	0	1281	3051	0	23609	80.9%	88.6%
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%
TOTALS	4987	17.1%	14290	48.9%	0	1281	3051	0	23609	80.9%	88.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	3	0	0	0	0	0	0	1	3	4
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	8	7	0	0	0	0	0	0	8	7	15
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	7	22	0	0	0	0	0	0	7	22	29
TOTALS	24	44	0	0	0	0	0	0	24	44	68

Heartland of Macomb IL, LLC
8 Doctors Lane
Macomb, IL. 61455

Classification Numbers

Facility ID	6005649	
Health Service Area	002	
Planning Service Area	109	McDonough
County	109	McDonough County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	38	0	6	10	0	68
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	38	0	6	10	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	7.00
Certified Aides	24.00
Other Health Staff	11.00
Non-Health Staff	23.00
Totals	73.00

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
44.8%	34.4%	0.0%	10.9%	10.0%	100.0%		
2,785,882	2,141,154	0	675,842	619,622	6,222,500	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heartland of Moline IL, LLC
833 Sixteenth Ave.
Moline, IL. 61265

Reference Numbers

Facility ID	6006233	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

Administrator
Vickie Toomsen

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	95
Total Admissions 2017	736
Total Discharges 2017	737
Residents on 12/31/2017	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	20
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	3
Musculo-skeletal Disorders	6
Injuries and Poisonings	18
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	94

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	149	135	113	135	94	55	149	68
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	149	135	113	135	94	55	149	68

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7734	14.2%	6012	24.2%	0	4813	15275	0	33834	62.2%	68.7%
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%
TOTALS	7734	14.2%	6012	24.2%	0	4813	15275	0	33834	62.2%	68.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	15	14	0	0	0	0	0	0	15	14	29
85+	12	35	0	0	0	0	0	0	12	35	47
TOTALS	33	61	0	0	0	0	0	0	33	61	94

Heartland of Moline IL, LLC
833 Sixteenth Ave.
Moline, IL. 61265

Classification Numbers

Facility ID	6006233	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	16	0	13	47	0	94
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	16	0	13	47	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	91	0	0	0	91
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	11.00
Certified Aides	34.00
Other Health Staff	6.00
Non-Health Staff	31.00
Totals	93.00

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
39.7%	8.6%	0.0%	19.3%	32.4%	100.0%		
4,472,123	966,756	0	2,170,475	3,654,198	11,263,552	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heartland of Normal IL, LLC
510 Broadway
Normal, IL. 61761

Reference Numbers

Facility ID	6000244	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Heather Brown

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	88
Total Admissions 2017	555
Total Discharges 2017	564
Residents on 12/31/2017	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	10
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	21
Injuries and Poisonings	3
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	116	97	91	97	79	37	116	50
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	116	97	91	97	79	37	116	50

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4746	11.2%	15406	84.4%	0	2628	5621	0	28401	67.1%	80.2%
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%
TOTALS	4746	11.2%	15406	84.4%	0	2628	5621	0	28401	67.1%	80.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	1	3	4
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	7	6	0	0	0	0	0	0	7	6	13
75 to 84	4	23	0	0	0	0	0	0	4	23	27
85+	10	18	0	0	0	0	0	0	10	18	28
TOTALS	25	54	0	0	0	0	0	0	25	54	79

Heartland of Normal IL, LLC
510 Broadway
Normal, IL. 61761

Classification Numbers

Facility ID	6000244	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	46	0	5	12	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	46	0	5	12	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	11.00
Certified Aides	30.00
Other Health Staff	7.00
Non-Health Staff	31.00
Totals	85.00

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
32.3%	28.9%	0.0%	22.1%	16.7%	100.0%		
2,405,898	2,151,222	0	1,647,249	1,243,901	7,448,270	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heartland of Paxton IL, LLC
1001 E. Pells St.
Paxton, IL. 60957

Reference Numbers

Facility ID	6011571	
Health Service Area	004	
Planning Service Area	053	Ford
County	053	Ford County

Administrator
Donna Kinkade

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	63
Total Admissions 2017	356
Total Discharges 2017	361
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	11
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	58

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	106	98	72	98	58	48	106	56
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	106	98	72	98	58	48	106	56

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4167	10.8%	9144	44.7%	0	1252	6727	0	21290	55.0%	59.5%
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%
TOTALS	4167	10.8%	9144	44.7%	0	1252	6727	0	21290	55.0%	59.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	5	15	0	0	0	0	0	0	5	15	20
TOTALS	22	36	0	0	0	0	0	0	22	36	58

Heartland of Paxton IL, LLC
1001 E. Pells St.
Paxton, IL. 60957

Classification Numbers

Facility ID	6011571	
Health Service Area	004	
Planning Service Area	053	Ford
County	053	Ford County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	29	0	3	14	0	58
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	29	0	3	14	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	0	0	0	0	0
Total	58	0	0	0	58

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	20.00
Other Health Staff	5.00
Non-Health Staff	22.00
Totals	61.00

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
38.1%	23.5%	0.0%	10.9%	27.4%	100.0%		
2,194,580	1,352,883	0	629,212	1,577,970	5,754,645	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heartland of Peoria IL, LLC
5600 Glen Elm Dr
Peoria, IL. 61614

Reference Numbers

Facility ID	6000293	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

Administrator
Amanda Colwell

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	108
Total Admissions 2017	637
Total Discharges 2017	647
Residents on 12/31/2017	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	35
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	9
Other Medical Conditions	8
Non-Medical Conditions	7
TOTALS	98

Total Residents Diagnosed as Mentally Ill 83

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	144	134	119	134	98	46	144	81
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	144	134	119	134	98	46	144	81

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5444	10.4%	24194	81.8%	0	4390	3406	0	37434	71.2%	76.5%
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%
TOTALS	5444	10.4%	24194	81.8%	0	4390	3406	0	37434	71.2%	76.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	0	0	0	0	0	0	5	4	9
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	16	10	0	0	0	0	0	0	16	10	26
75 to 84	8	19	0	0	0	0	0	0	8	19	27
85+	7	20	0	0	0	0	0	0	7	20	27
TOTALS	42	56	0	0	0	0	0	0	42	56	98

Heartland of Peoria IL, LLC
5600 Glen Elm Dr
Peoria, IL. 61614

Classification Numbers

Facility ID	6000293	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	66	0	14	7	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	66	0	14	7	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	2	0	0	0	2
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	15.00
Certified Aides	41.00
Other Health Staff	12.00
Non-Health Staff	31.00
Totals	107.00

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
32.1%	34.8%	0.0%	21.7%	11.3%	100.0%		
3,092,174	3,348,145	0	2,092,744	1,090,334	9,623,397	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heartland-Riverview of East Peoria IL, LLC
500 Centennial Dr
East Peoria, IL. 61611

Reference Numbers

Facility ID	6008056	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Wade Cies

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	58
Total Admissions 2017	777
Total Discharges 2017	790
Residents on 12/31/2017	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	6
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 29

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	71	69	66	69	45	26	71	10
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	71	69	66	69	45	26	71	10

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11046	42.6%	850	23.3%	0	5510	2210	0	19616	75.7%	77.9%
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%
TOTALS	11046	42.6%	850	23.3%	0	5510	2210	0	19616	75.7%	77.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	2	2	4
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	5	9	0	0	0	0	0	0	5	9	14
TOTALS	15	30	0	0	0	0	0	0	15	30	45

Heartland-Riverview of East Peoria IL, LLC
500 Centennial Dr
East Peoria, IL. 61611

Classification Numbers

Facility ID	6008056	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	3	0	12	6	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	3	0	12	6	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	6.00
Certified Aides	21.00
Other Health Staff	20.00
Non-Health Staff	0.00
Totals	57.00

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
57.6%	3.5%	0.0%	28.7%	10.3%	100.0%		
4,755,423	287,895	0	2,368,871	850,699	8,262,888	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEATHER HEALTH CARE CENTER
15600 SOUTH HONORE STREET
Harvey, IL. 60426

Reference Numbers

Facility ID	6004139	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

Administrator
Jonathan Dixon

Contact Person and Telephone
Chris Kuehn
773-724-6534

Registered Agent Information
Mary Chelotti-Smith
4200 West Peterson
Chicago, IL 60646

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	134
Total Admissions 2017	176
Total Discharges 2017	172
Residents on 12/31/2017	138

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	55
Developmental Disability	0
Circulatory System	23
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	23
Injuries and Poisonings	2
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	138

Total Residents Diagnosed as Mentally Ill 119

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	173	161	144	161	138	35	173	173
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	173	161	144	161	138	35	173	173

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1324	2.1%	43103	68.3%	1011	82	1075	0	46595	73.8%	79.3%
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%
TOTALS	1324	2.1%	43103	68.3%	1011	82	1075	0	46595	73.8%	79.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	10	0	0	0	0	0	0	10	10	20
45 to 59	30	14	0	0	0	0	0	0	30	14	44
60 to 64	14	11	0	0	0	0	0	0	14	11	25
65 to 74	17	14	0	0	0	0	0	0	17	14	31
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	4	3	0	0	0	0	0	0	4	3	7
TOTALS	81	57	0	0	0	0	0	0	81	57	138

HEATHER HEALTH CARE CENTER
15600 SOUTH HONORE STREET
Harvey, IL. 60426

Classification Numbers

Facility ID	6004139	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	123	3	0	6	0	138
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	123	3	0	6	0	138

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	90	0	0	0	90
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	128	0	0	0	128

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	10	0	0	0	10

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	11.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	67.00

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
10.9%	85.8%	2.0%	0.4%	0.9%	100.0%		
817,459	6,449,447	150,215	28,632	66,815	7,512,568	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heddington Oaks
2223 W. Heading Ave
Peoria, IL. 61604

Reference Numbers

Facility ID	6000814	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

Administrator
Timothy Turpin

Contact Person and Telephone
Timothy Turpin
309-636-3600

Registered Agent Information
Andrew Rand
324 Main St Room 502
Peoria, IL 61602

Date Questionnaire Completed 4/12/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	160
Total Admissions 2017	210
Total Discharges 2017	213
Residents on 12/31/2017	157

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	27
Alzheimer Disease	2
Mental Illness	38
Developmental Disability	1
Circulatory System	19
Respiratory System	11
Digestive System	3
Genitourinary System Disorders	13
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	12
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	157

Total Residents Diagnosed as Mentally Ill 140

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	214	214	167	214	157	57	214	169
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	214	214	167	214	157	57	214	169

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4350	5.6%	32790	53.2%	0	13327	0	0	50467	64.6%	64.6%
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%
TOTALS	4350	5.6%	32790	53.2%	0	13327	0	0	50467	64.6%	64.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	8	20	0	0	0	0	0	0	8	20	28
75 to 84	17	33	0	0	0	0	0	0	17	33	50
85+	11	67	0	0	0	0	0	0	11	67	78
TOTALS	37	121	0	0	0	0	0	0	37	121	158

Heddington Oaks
2223 W. Heading Ave
Peoria, IL. 61604

Classification Numbers

Facility ID	6000814	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	87		0	63	0	
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	87		0	63	0	

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pacific Isl.		0	0	0	
White	130	0	0	0	130
Race Unknown	0	0	0	0	0
Total		0	0	0	

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	156	0	0	0	156
Ethnicity Unknown	0	0	0	0	0
Total	158	0	0	0	158

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	18.00
Certified Aides	72.00
Other Health Staff	0.00
Non-Health Staff	50.00
Totals	156.00

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
18.5%	53.1%	0.0%	1.7%	26.7%	100.0%		
2,282,946	6,560,604	0	216,003	3,299,113	12,358,666	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Helia Healthcare of Belleville
40 North 64th Street
Belleville, IL. 62223

Reference Numbers

Facility ID	6006704	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Karlene Dotson

Contact Person and Telephone
Karlene Dotson
618-397-8400

Registered Agent Information
Business Filings Incorporated
118 West Edwards St. Ste 200
Springfield, IL 62704

Date Questionnaire Completed 4/4/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	68
Total Admissions 2017	123
Total Discharges 2017	124
Residents on 12/31/2017	67

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	33
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	3
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	67

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 9

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	122	122	67	122	67	55	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	122	122	67	122	67	55	120	120

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3455	7.9%	24749	56.5%	368	690	1425	0	30687	68.9%	68.9%
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%
TOTALS	3455	7.9%	24749	56.5%	368	690	1425	0	30687	68.9%	68.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	9	12	0	0	0	0	0	0	9	12	21
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	7	13	0	0	0	0	0	0	7	13	20
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	29	38	0	0	0	0	0	0	29	38	67

Helia Healthcare of Belleville
40 North 64th Street
Belleville, IL. 62223

Classification Numbers

Facility ID	6006704	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	53	0	2	4	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	53	0	2	4	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	29	0	0	0	29
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	24.00
Other Health Staff	10.00
Non-Health Staff	19.00
Totals	69.00

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
27.0%	40.8%	24.6%	3.5%	4.1%	100.0%		
2,303,000	3,484,000	2,096,000	296,000	353,000	8,532,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HELIA HEALTHCARE OF CHAMPAIGN
1915 SOUTH MATTIS AVE.
Champaign, IL. 61821

Reference Numbers

Facility ID	6003800	
Health Service Area	004	
Planning Service Area	019	Champaign
County	019	Champaign County

Administrator
Jeff Baker

Contact Person and Telephone
Brenda Dively
217-866-0735

Registered Agent Information

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	60
Total Admissions 2017	223
Total Discharges 2017	229
Residents on 12/31/2017	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	2
Mental Illness	11
Developmental Disability	0
Circulatory System	15
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	54

Total Residents Diagnosed as Mentally Ill 47

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	118	71	54	71	54	64	118	118
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	118	71	54	71	54	64	118	118

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2735	6.4%	11952	27.8%	678	2434	3759	0	21558	50.1%	83.2%
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%
TOTALS	2735	6.4%	11952	27.8%	678	2434	3759	0	21558	50.1%	83.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	4	0	0	0	0	0	0	1	4	5
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	2	15	0	0	0	0	0	0	2	15	17
TOTALS	16	38	0	0	0	0	0	0	16	38	54

HELIA HEALTHCARE OF CHAMPAIGN
1915 SOUTH MATTIS AVE.
Champaign, IL. 61821

Classification Numbers

Facility ID	6003800	
Health Service Area	004	
Planning Service Area	019	Champaign
County	019	Champaign County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	36	3	2	9	0	54
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	36	3	2	9	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	54	0	0	0	54
Ethnicity Unknown	0	0	0	0	0
Total	54	0	0	0	54

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	19.00
Other Health Staff	1.00
Non-Health Staff	10.00
Totals	40.00

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
31.6%	32.0%	1.8%	17.2%	17.3%	100.0%		
1,462,000	1,480,000	81,000	796,000	801,000	4,620,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Helia Healthcare of Energy
210 E. College
Energy, IL. 62933

Reference Numbers

Facility ID	6005870	
Health Service Area	005	
Planning Service Area	199	Williamson
County	199	Williamson County

Administrator
Yolanda Fisher

Contact Person and Telephone
Yolanda Fisher
618-942-7914

Registered Agent Information
Steve Miller
1140 Lake St. Suite 410
Oak Park, IL 60301

Date Questionnaire Completed 3/30/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	65
Total Admissions 2017	264
Total Discharges 2017	266
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	7
Mental Illness	1
Developmental Disability	3
Circulatory System	12
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	9
Injuries and Poisonings	8
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	63

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	91	0	0	0	60	31	84	91
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	3	-3		
TOTAL BEDS	91	0	0	0	63	28	84	91

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8757	28.6%	10580	31.9%	69	2111	2503	0	24020	72.3%	0.0%
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%
TOTALS	8757	28.6%	10580	31.9%	69	2111	2503	0	24020	72.3%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	2	2	4
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	8	10	0	0	0	0	0	0	8	10	18
85+	8	24	0	0	0	0	0	0	8	24	32
TOTALS	21	42	0	0	0	0	0	0	21	42	63

Helia Healthcare of Energy
210 E. College
Energy, IL. 62933

Classification Numbers

Facility ID	6005870	
Health Service Area	005	
Planning Service Area	199	Williamson
County	199	Williamson County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	26	1	4	7	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	26	1	4	7	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	3	61
Race Unknown	0	0	0	0	0
Total	60	0	0	3	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.30
Director of Nursing	1.00
Registered Nurses	13.33
LPN's	70.53
Certified Aides	238.19
Other Health Staff	24.06
Non-Health Staff	135.11
Totals	483.52

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
62.3%	19.9%	0.4%	11.2%	6.2%	100.0%		
4,089,000	1,305,000	26,000	735,000	406,000	6,561,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Helia Healthcare of Olney
410 E Mack Ave
Olney, IL. 62450

Reference Numbers

Facility ID	6006910	
Health Service Area	005	
Planning Service Area	159	Richland
County	159	Richland County

Administrator
Amanda Brashear

Contact Person and Telephone
Amanda Brashear
618-395-7421

Registered Agent Information

Date Questionnaire Completed 5/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	70
Total Admissions 2017	132
Total Discharges 2017	131
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	10
Developmental Disability	1
Circulatory System	13
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	5
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	71

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	118	101	89	101	71	47	118	118
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	118	101	89	101	71	47	118	118

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4663	10.8%	21244	49.3%	0	324	2629	0	28860	67.0%	78.3%
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%
TOTALS	4663	10.8%	21244	49.3%	0	324	2629	0	28860	67.0%	78.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	3	2	5
60 to 64	2	6	0	0	0	0	0	0	2	6	8
65 to 74	9	8	0	0	0	0	0	0	9	8	17
75 to 84	8	16	0	0	0	0	0	0	8	16	24
85+	6	11	0	0	0	0	0	0	6	11	17
TOTALS	28	43	0	0	0	0	0	0	28	43	71

Helia Healthcare of Olney
410 E Mack Ave
Olney, IL. 62450

Classification Numbers

Facility ID	6006910	
Health Service Area	005	
Planning Service Area	159	Richland
County	159	Richland County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	55	0	0	4	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	55	0	0	4	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	4.00
Certified Aides	17.00
Other Health Staff	3.00
Non-Health Staff	18.00
Totals	50.00

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
46.6%	43.6%	0.2%	2.6%	6.9%	100.0%		
2,491,000	2,329,000	11,000	141,000	369,000	5,341,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Helia of Benton
1310Mark Franklin Drive
Benton, IL. 62812

Reference Numbers

Facility ID	6016091	
Health Service Area	005	
Planning Service Area	055	Franklin
County	055	Franklin County

Administrator
Loretta Ellis

Contact Person and Telephone
Stephen Miller
312-998-2306

Registered Agent Information

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	67
Total Admissions 2017	136
Total Discharges 2017	142
Residents on 12/31/2017	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	27
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	83	83	80	83	61	22	64	65
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	83	83	80	83	61	22	64	65

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5070	21.7%	10818	45.6%	2254	513	6279	0	24934	82.3%	82.3%
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%
TOTALS	5070	21.7%	10818	45.6%	2254	513	6279	0	24934	82.3%	82.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	3	0	0	0	0	0	0	3	3	6
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	6	29	0	0	0	0	0	0	6	29	35
TOTALS	16	45	0	0	0	0	0	0	16	45	61

Helia of Benton
1310Mark Franklin Drive
Benton, IL. 62812

Classification Numbers

Facility ID	6016091	
Health Service Area	005	
Planning Service Area	055	Franklin
County	055	Franklin County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	27	8	0	16	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	27	8	0	16	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	7.00
Certified Aides	25.00
Other Health Staff	1.00
Non-Health Staff	14.00
Totals	55.00

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
50.0%	30.0%	0.2%	3.4%	16.4%	100.0%		
2,664,000	1,598,000	12,000	183,000	876,000	5,333,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Helia SouthBelt
101 South Belt West
Belleville, IL. 62220

Reference Numbers

Facility ID	6003255	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Stephanie Birch

Contact Person and Telephone
Stephanie Birch, LNHA
618-277-7700

Registered Agent Information
Steve Miller
1140 Lake Street Suite 410
Oak Park, IL 60301

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	99
Total Admissions 2017	450
Total Discharges 2017	446
Residents on 12/31/2017	103

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	4
Mental Illness	3
Developmental Disability	0
Circulatory System	30
Respiratory System	10
Digestive System	5
Genitourinary System Disorders	9
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	13
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	103

Total Residents Diagnosed as Mentally Ill 61

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	156	140	103	140	103	53	156	156
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	156	140	103	140	103	53	156	156

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6635	11.7%	20417	35.9%	2267	5111	2215	0	36645	64.4%	71.7%
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%
TOTALS	6635	11.7%	20417	35.9%	2267	5111	2215	0	36645	64.4%	71.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	0	0	0	0	0	0	0	3	0	3
45 to 59	4	6	0	0	0	0	0	0	4	6	10
60 to 64	5	6	0	0	0	0	0	0	5	6	11
65 to 74	11	13	0	0	0	0	0	0	11	13	24
75 to 84	6	19	0	0	0	0	0	0	6	19	25
85+	0	30	0	0	0	0	0	0	0	30	30
TOTALS	29	74	0	0	0	0	0	0	29	74	103

Helia SouthBelt
101 South Belt West
Belleville, IL. 62220

Classification Numbers

Facility ID	6003255	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	51	11	13	4	0	103
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	51	11	13	4	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	38	0	0	0	38
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	103	0	0	0	103

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.50
LPN's	16.00
Certified Aides	46.00
Other Health Staff	0.00
Non-Health Staff	35.00
Totals	105.50

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
38.7%	33.8%	1.6%	20.8%	5.2%	100.0%		
3,475,000	3,033,000	143,000	1,865,000	466,000	8,982,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Henderson County Retirement Center, Inc.
604 Oakwood Drive
Stronghurst, IL. 61480

Reference Numbers

Facility ID	6012066	
Health Service Area	002	
Planning Service Area	071	Henderson/Warren
County	071	Henderson County

Administrator
Valerie Lybarger-Adams

Contact Person and Telephone
Dianne R. Kircher
309-924-1123

Registered Agent Information

Date Questionnaire Completed 3/25/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	34
Total Admissions 2017	62
Total Discharges 2017	59
Residents on 12/31/2017	37

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	3
Mental Illness	6
Developmental Disability	0
Circulatory System	6
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	37

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	58	58	44	58	37	21	60	60
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	58	58	44	58	37	21	60	60

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1592	7.3%	4394	20.1%	0	365	8447	72	14870	70.2%	70.2%
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%
TOTALS	1592	7.3%	4394	20.1%	0	365	8447	72	14870	70.2%	70.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	1	0	0	0	0	0	0	1	1	2
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	5	21	0	0	0	0	0	0	5	21	26
TOTALS	9	28	0	0	0	0	0	0	9	28	37

Henderson County Retirement Center, Inc.
604 Oakwood Drive
Stronghurst, IL. 61480

Classification Numbers

Facility ID	6012066	
Health Service Area	002	
Planning Service Area	071	Henderson/Warren
County	071	Henderson County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	11	0	1	23	0	37
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	11	0	1	23	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	37	0	0	0	37

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	37	0	0	0	37
Ethnicity Unknown	0	0	0	0	0
Total	37	0	0	0	37

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	17.00
Other Health Staff	2.00
Non-Health Staff	20.00
Totals	50.00

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
14.2%	22.5%	0.0%	1.2%	62.2%	100.0%		
347,837	549,783	0	28,215	1,522,363	2,448,198	11,160	0.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Herbstritt House
6300 N. Ridge Ave.
Chicago, IL. 60660

Reference Numbers

Facility ID	6010292	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Joe Ferrara

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Date Questionnaire Completed 3/28/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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
TOTALS	12

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			3959	90.4%	0	0	365	0	4324	98.7%	98.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3959	90.4%	0	0	365	0	4324	98.7%	98.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	0	0	0	6	0	6
45 to 59	0	0	0	0	6	0	0	0	6	0	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	12	0	0	0	12	0	12

Herbstritt House
6300 N. Ridge Ave.
Chicago, IL. 60660

Classification Numbers

Facility ID	6010292	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	1	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	1	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.22
Physicians	0.09
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	9.16
Other Health Staff	3.40
Non-Health Staff	0.23
Totals	13.21

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%	74.3%	0.0%	0.0%	25.7%	100.0%		
0	517,408	0	0	178,826	696,234	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heritage Health
700 E. Walnut St.
Bloomington, IL. 61701

Reference Numbers

Facility ID	6004261	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Susan Holifield

Contact Person and Telephone
Lanette Wallace
309-827-8004

Registered Agent Information
Ben Hart
115 W. Jefferson St., Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/1/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	67
Total Admissions 2017	392
Total Discharges 2017	390
Residents on 12/31/2017	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	10
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	3
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	88	88	85	88	69	19	88	30
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	88	88	85	88	69	19	88	30

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3759	11.7%	7010	64.0%	0	0	12798	0	23567	73.4%	73.4%
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%
TOTALS	3759	11.7%	7010	64.0%	0	0	12798	0	23567	73.4%	73.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	14	26	0	0	0	0	0	0	14	26	40
TOTALS	25	44	0	0	0	0	0	0	25	44	69

Heritage Health
700 E. Walnut St.
Bloomington, IL. 61701

Classification Numbers

Facility ID	6004261	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	17	0	0	41	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	17	0	0	41	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	8.00
Certified Aides	24.00
Other Health Staff	
Non-Health Staff	17.00
Totals	

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
30.1%	12.2%	0.0%	0.0%	57.7%	100.0%		
2,233,074	905,333	0	0	4,284,004	7,422,411	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/25/2016 Discontinued 23 Nursing Care beds; facility now has 88 Nursing Care beds.

Heritage Health
1201 1st Ave.
Mendota, IL. 61342

Reference Numbers

Facility ID	6004253	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

Administrator
Michelle Hansen

Contact Person and Telephone
Michelle Hansen
815-539-6745

Registered Agent Information

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	66
Total Admissions 2017	95
Total Discharges 2017	103
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	5
Mental Illness	22
Developmental Disability	1
Circulatory System	10
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	58

Total Residents Diagnosed as Mentally Ill 58

Total Residents Reported as Identified Offenders 58

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	85	85	64	85	58	27	85	85
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	85	85	64	85	58	27	85	85

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2410	7.8%	11544	37.2%	1180	0	8922	0	24056	77.5%	77.5%
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%
TOTALS	2410	7.8%	11544	37.2%	1180	0	8922	0	24056	77.5%	77.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	7	25	0	0	0	0	0	0	7	25	32
TOTALS	16	42	0	0	0	0	0	0	16	42	58

Heritage Health
1201 1st Ave.
Mendota, IL. 61342

Classification Numbers

Facility ID	6004253	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	31	2	0	17	0	58
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	31	2	0	17	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	0	0	0	0	0
Total	58	0	0	0	58

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.79
LPN's	7.17
Certified Aides	28.00
Other Health Staff	3.30
Non-Health Staff	15.62
Totals	62.88

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
27.6%	28.9%	3.3%	0.0%	40.3%	100.0%		
1,690,950	1,771,329	200,482	0	2,468,790	6,131,551	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/25/2016 Discontinued 14 Nursing Care beds; facility now has 85 Nursing Care beds.

Heritage Health
8306 St Lukes Dr
Beardstown, IL. 62618

Reference Numbers

Facility ID	6000780	
Health Service Area	003	
Planning Service Area	017	Cass
County	017	Cass County

Administrator
Courtney Sweatman

Contact Person and Telephone
Rabecca Howard
800-397-1313

Registered Agent Information
Benjamin Hart
115 W. Jefferson St.
Bloomington, IL 61701

Date Questionnaire Completed 4/11/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	74
Total Admissions 2017	91
Total Discharges 2017	100
Residents on 12/31/2017	65

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	12
Developmental Disability	0
Circulatory System	27
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	65

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	79	77	75	77	65	14	79	79
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	79	77	75	77	65	14	79	79

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2238	7.8%	15920	55.2%	0	0	7277	0	25435	88.2%	90.5%
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%
TOTALS	2238	7.8%	15920	55.2%	0	0	7277	0	25435	88.2%	90.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	6	18	0	0	0	0	0	0	6	18	24
85+	6	28	0	0	0	0	0	0	6	28	34
TOTALS	16	49	0	0	0	0	0	0	16	49	65

Heritage Health
8306 St Lukes Dr
Beardstown, IL. 62618

Classification Numbers

Facility ID	6000780	
Health Service Area	003	
Planning Service Area	017	Cass
County	017	Cass County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	43	0	1	17	0	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	43	0	1	17	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	39.00
Other Health Staff	15.00
Non-Health Staff	12.00
Totals	79.00

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
24.7%	39.7%	0.0%	0.0%	35.6%	100.0%		
1,302,692	2,097,118	0	0	1,877,109	5,276,919	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heritage Health
300 E Mazon Ave
Dwight, IL. 60407

Reference Numbers

Facility ID	6002083	
Health Service Area	004	
Planning Service Area	105	Livingston
County	105	Livingston County

Administrator
Rita Quigley

Contact Person and Telephone
Rita Quigley
815-584-1240

Registered Agent Information
Ben Hart
115 W Jefferson St
Bloomington, IL 61701

Date Questionnaire Completed 4/16/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	78
Total Admissions 2017	121
Total Discharges 2017	125
Residents on 12/31/2017	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	6
Mental Illness	13
Developmental Disability	0
Circulatory System	28
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	92	92	87	92	74	18	19	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	87	92	74	18	19	92

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3077	44.4%	15905	47.4%	0	0	10119	0	29101	86.7%	86.7%
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%
TOTALS	3077	44.4%	15905	47.4%	0	0	10119	0	29101	86.7%	86.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	1	0	0	0	0	0	0	4	1	5
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	9	31	0	0	0	0	0	0	9	31	40
TOTALS	25	49	0	0	0	0	0	0	25	49	74

Heritage Health
300 E Mazon Ave
Dwight, IL. 60407

Classification Numbers

Facility ID	6002083	
Health Service Area	004	
Planning Service Area	105	Livingston
County	105	Livingston County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	38	0	0	30	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	38	0	0	30	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.30
LPN's	2.94
Certified Aides	34.88
Other Health Staff	14.09
Non-Health Staff	31.75
Totals	102.96

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
25.0%	35.9%	0.0%	0.0%	39.1%	100.0%		
1,698,149	2,439,406	0	0	2,655,446	6,793,001	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heritage Health
600 East Robinwood Drive
Robinson, IL. 62454

Reference Numbers

Facility ID	6002125	
Health Service Area	005	
Planning Service Area	033	Crawford
County	033	Crawford County

Administrator
Nicole Nichol

Contact Person and Telephone
Nicole Nichol
618-544-3192

Registered Agent Information
Benjamin Hart
115 West Jefferson Street, Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	48
Total Admissions 2017	60
Total Discharges 2017	67
Residents on 12/31/2017	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	6
Developmental Disability	0
Circulatory System	7
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	41

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	67	0	0	67	41	26	73	73
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	67	0	0	67	41	26	73	73

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1505	5.6%	9226	34.6%	0	0	4442	0	15173	62.0%	0.0%
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%
TOTALS	1505	5.6%	9226	34.6%	0	0	4442	0	15173	62.0%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	4	0	0	0	0	0	0	2	4	6
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	3	18	0	0	0	0	0	0	3	18	21
TOTALS	10	31	0	0	0	0	0	0	10	31	41

Heritage Health
600 East Robinwood Drive
Robinson, IL. 62454

Classification Numbers

Facility ID	6002125	
Health Service Area	005	
Planning Service Area	033	Crawford
County	033	Crawford County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	21	0	0	14	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	21	0	0	14	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.31
LPN's	5.82
Certified Aides	20.02
Other Health Staff	0.00
Non-Health Staff	19.63
Totals	53.78

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
32.2%	37.0%	0.0%	0.0%	30.8%	100.0%		
1,004,924	1,152,240	0	0	959,198	3,116,362	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/25/2016 Discontinued 6 Nursing Care beds; facility now has 67 Nursing Care beds.

HERITAGE HEALTH - ELGIN
355 RAYMOND STREET
Elgin, IL. 60120

Reference Numbers

Facility ID	6006902	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Enrico G. Lagtapon

Contact Person and Telephone
Enrico G. Lagtapon
847-697-6636

Registered Agent Information
Ben Hart
115 W Jefferson St., Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/10/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	69
Total Admissions 2017	62
Total Discharges 2017	70
Residents on 12/31/2017	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	42
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	94	94	76	94	61	33	94	94
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	94	94	76	94	61	33	94	94

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2998	8.7%	16894	49.2%	0	0	4179	0	24071	70.2%	70.2%
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%
TOTALS	2998	8.7%	16894	49.2%	0	0	4179	0	24071	70.2%	70.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	3	35	0	0	0	0	0	0	3	35	38
TOTALS	11	50	0	0	0	0	0	0	11	50	61

HERITAGE HEALTH - ELGIN
355 RAYMOND STREET
Elgin, IL. 60120

Classification Numbers

Facility ID	6006902	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	47	0	0	11	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	47	0	0	11	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	3.00
Certified Aides	34.00
Other Health Staff	12.00
Non-Health Staff	15.00
Totals	79.00

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
34.8%	47.4%	0.0%	0.0%	17.7%	100.0%		
2,289,923	3,115,571	0	0	1,165,604	6,571,098	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heritage Health - Gibson City
620 East First Street
Gibson City , IL. 60936

Reference Numbers

Facility ID	6003560	
Health Service Area	004	
Planning Service Area	053	Ford
County	053	Ford County

Administrator
Amanda Gronsky

Contact Person and Telephone
Rabecca Howard
309-823-7139

Registered Agent Information
Ben Hart
115 W. Jefferson St. Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/25/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	50
Total Admissions 2017	66
Total Discharges 2017	64
Residents on 12/31/2017	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	1
Digestive System	12
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	75	59	58	58	52	23	75	75
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	75	59	58	58	52	23	75	75

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1132	4.1%	12202	44.6%	0	0	4408	0	17742	64.8%	82.4%
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%
TOTALS	1132	4.1%	12202	44.6%	0	0	4408	0	17742	64.8%	82.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	9	13	0	0	0	0	0	0	9	13	22
85+	5	20	0	0	0	0	0	0	5	20	25
TOTALS	17	35	0	0	0	0	0	0	17	35	52

Heritage Health - Gibson City
620 East First Street
Gibson City , IL. 60936

Classification Numbers

Facility ID	6003560	
Health Service Area	004	
Planning Service Area	053	Ford
County	053	Ford County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	27	0	1	19	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	27	0	1	19	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	4.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	63.00

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
24.1%	45.7%	0.0%	0.0%	30.2%	100.0%		
946,678	1,795,715	0	0	1,188,383	3,930,776	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heritage Health - Hoopeston
423 N Dixie Highway
Hoopeston, IL. 60942

Reference Numbers

Facility ID	6004592	
Health Service Area	004	
Planning Service Area	183	Vermilion
County	183	Vermilion County

Administrator
Beth Totheroh

Contact Person and Telephone
Beth Totheroh
217-283-8247

Registered Agent Information
Ben Hart
115 W Jefferson, Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/12/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	70
Total Admissions 2017	157
Total Discharges 2017	155
Residents on 12/31/2017	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	6
Mental Illness	19
Developmental Disability	0
Circulatory System	19
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	4
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	75	75	75	75	72	3	75	67
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	75	75	75	75	72	3	75	67

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2081	7.6%	13832	56.6%	0	0	10045	0	25958	94.8%	94.8%
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%
TOTALS	2081	7.6%	13832	56.6%	0	0	10045	0	25958	94.8%	94.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	6	17	0	0	0	0	0	0	6	17	23
85+	7	31	0	0	0	0	0	0	7	31	38
TOTALS	17	55	0	0	0	0	0	0	17	55	72

Heritage Health - Hoopeston
423 N Dixie Highway
Hoopeston, IL. 60942

Classification Numbers

Facility ID	6004592	
Health Service Area	004	
Planning Service Area	183	Vermilion
County	183	Vermilion County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	44	0	0	25	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	44	0	0	25	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	1	0	0	0	1
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.82
LPN's	4.74
Certified Aides	31.53
Other Health Staff	2.43
Non-Health Staff	20.48
Totals	69.00

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
22.6%	35.5%	0.0%	0.0%	41.9%	100.0%		
1,215,522	1,905,424	0	0	2,252,277	5,373,223	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - JACKSONVILLE
873 GROVE ST
Jacksonville, IL. 62650

Reference Numbers

Facility ID	6000756	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	137	Morgan County

Administrator
Michael Schneider

Contact Person and Telephone
Rabecca Howard
309-828-4361

Registered Agent Information
BEN HART
115 W. JEFFERSON ST., SUITE 401
Bloomington, IL 61701

Date Questionnaire Completed 4/12/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	142
Total Admissions 2017	167
Total Discharges 2017	180
Residents on 12/31/2017	129

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	24
Mental Illness	22
Developmental Disability	0
Circulatory System	35
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	6
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	129

Total Residents Diagnosed as Mentally Ill 22

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	175	175	144	175	123	52	175	175
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	24	24	9	24	6	18		
TOTAL BEDS	199	199	153	199	129	70	175	175

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4926	7.7%	23988	37.6%	0	0	18049	0	46963	73.5%	73.5%
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	1575	0	1575	18.0%	18.0%
TOTALS	4926	7.7%	23988	37.6%	0	0	19624	0	48538	66.8%	66.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
65 to 74	4	3	0	0	0	0	1	0	5	3	8
75 to 84	9	15	0	0	0	0	0	2	9	17	26
85+	19	70	0	0	0	0	0	3	19	73	92
TOTALS	33	90	0	0	0	0	1	5	34	95	129

HERITAGE HEALTH - JACKSONVILLE
873 GROVE ST
Jacksonville, IL. 62650

Classification Numbers

Facility ID	6000756	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	137	Morgan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	51	0	0	54	0	123
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	6	0	6
TOTALS	18	51	0	0	60	0	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	2	0	0	1	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	5	5
Race Unknown	120	0	0	0	120
Total	123	0	0	6	129

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	123	0	0	6	129
Ethnicity Unknown	0	0	0	0	0
Total	123	0	0	6	129

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.37
LPN's	13.94
Certified Aides	68.07
Other Health Staff	7.73
Non-Health Staff	53.00
Totals	157.11

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
32.0%	29.4%	0.0%	0.0%	38.6%	100.0%		
3,856,459	3,543,025	0	0	4,660,831	12,060,315	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/25/2016 Discontinued 10 Nursing Care beds; facility now has 175 Nursing Care beds.

HERITAGE HEALTH - LITCHFIELD
628 SOUTH ILLINOIS AVENUE
Litchfield, IL. 62056

Reference Numbers

Facility ID	6000699	
Health Service Area	003	
Planning Service Area	135	Montgomery
County	135	Montgomery County

Administrator
Jamie S. Evans

Contact Person and Telephone
Jamie S. Evans
217-324-2153

Registered Agent Information
Benjamin Hart
115 West Jefferson Street Suite 401
Bloomington, IL 61702

Date Questionnaire Completed 4/12/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	73
Total Admissions 2017	74
Total Discharges 2017	86
Residents on 12/31/2017	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	4
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	92	92	73	92	61	31	92	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	73	92	61	31	92	92

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2841	8.5%	11529	34.3%	0	0	9818	0	24188	72.0%	72.0%
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%
TOTALS	2841	8.5%	11529	34.3%	0	0	9818	0	24188	72.0%	72.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	8	4	0	0	0	0	0	0	8	4	12
85+	7	36	0	0	0	0	0	0	7	36	43
TOTALS	17	44	0	0	0	0	0	0	17	44	61

HERITAGE HEALTH - LITCHFIELD
628 SOUTH ILLINOIS AVENUE
Litchfield, IL. 62056

Classification Numbers

Facility ID	6000699	
Health Service Area	003	
Planning Service Area	135	Montgomery
County	135	Montgomery County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	32	0	0	22	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	32	0	0	22	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.32
LPN's	9.77
Certified Aides	27.81
Other Health Staff	8.73
Non-Health Staff	11.63
Totals	62.26

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
31.4%	30.6%	0.0%	0.0%	38.0%	100.0%		
1,724,568	1,683,595	0	0	2,087,340	5,495,503	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/25/2016 Discontinued 10 Nursing Care beds; facility now has 92 Nursing Care beds.

Heritage Health - Minonk LLC
201 Locust
Minonk, IL. 61760

Reference Numbers

Facility ID	6005367	
Health Service Area	002	
Planning Service Area	203	Woodford
County	203	Woodford County

Administrator
Kim Seaman

Contact Person and Telephone
Kim Seaman
309-432-2557

Registered Agent Information
Ben Hart
115 W. Jefferson Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/12/2018

Life Care Facility

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	35
Total Admissions 2017	74
Total Discharges 2017	71
Residents on 12/31/2017	38

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	38

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	49	49	49	33	16	49	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	23	23	23	23	5	18		
TOTAL BEDS	72	72	72	72	38	34	49	49

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2249	12.6%	4140	23.1%	0	0	4847	0	11236	62.8%	62.8%
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	1319	0	1319	15.7%	15.7%
TOTALS	2249	12.6%	4140	23.1%	0	0	6166	0	12555	47.8%	47.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	4	3	0	0	0	0	0	1	4	4	8
85+	4	17	0	0	0	0	0	4	4	21	25
TOTALS	9	24	0	0	0	0	0	5	9	29	38

Heritage Health - Minonk LLC
201 Locust
Minonk, IL. 61760

Classification Numbers

Facility ID	6005367	
Health Service Area	002	
Planning Service Area	203	Woodford
County	203	Woodford County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	12	0	0	16	0	33
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	5	0	5
TOTALS	5	12	0	0	21	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	33	0	0	5	38
Race Unknown	0	0	0	0	0
Total	33	0	0	5	38

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	33	0	0	5	38
Ethnicity Unknown	0	0	0	0	0
Total	33	0	0	5	38

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	3.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	48.00

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
37.7%	20.1%	0.0%	0.0%	42.2%	100.0%		
1,324,120	706,704	0	0	1,481,914	3,512,738	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - PERU
1301 21ST STREET
Peru, IL. 61354

Reference Numbers

Facility ID	6004303	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

Administrator
Lori A. Walsh

Contact Person and Telephone
Rabecca Howard
309-823-7139

Registered Agent Information

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	106
Total Admissions 2017	174
Total Discharges 2017	184
Residents on 12/31/2017	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	30
Alzheimer Disease	0
Mental Illness	19
Developmental Disability	0
Circulatory System	17
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	8
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	96

Total Residents Diagnosed as Mentally Ill 78

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	127	112	107	112	96	31	127	127
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	127	112	107	112	96	31	127	127

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5286	11.4%	25522	55.1%	0	0	6243	0	37051	79.9%	90.6%
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%
TOTALS	5286	11.4%	25522	55.1%	0	0	6243	0	37051	79.9%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	10	24	0	0	0	0	0	0	10	24	34
85+	6	44	0	0	0	0	0	0	6	44	50
TOTALS	21	75	0	0	0	0	0	0	21	75	96

HERITAGE HEALTH - PERU
1301 21ST STREET
Peru, IL. 61354

Classification Numbers

Facility ID	6004303	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	52	0	0	30	0	96
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	52	0	0	30	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	10.00
Certified Aides	56.00
Other Health Staff	0.00
Non-Health Staff	35.00
Totals	121.00

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
32.5%	44.9%	0.0%	0.0%	22.6%	100.0%		
2,996,695	4,136,620	0	0	2,085,284	9,218,599	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/25/2016 Discontinued 2 Nursing Care beds; facility now has 127 Nursing Care beds.

HERITAGE HEALTH - SPRINGFIELD
900 NORTH RUTLEDGE
Springfield, IL. 62702

Reference Numbers

Facility ID	6004279	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Dana J. Larson

Contact Person and Telephone
Dana J. Larson
217-789-0930

Registered Agent Information
Ben Hart
115 West Jefferson Street
Bloomington, IL 61701

Date Questionnaire Completed 4/13/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	117
Total Admissions 2017	545
Total Discharges 2017	541
Residents on 12/31/2017	121

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	23
Alzheimer Disease	0
Mental Illness	30
Developmental Disability	0
Circulatory System	19
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	7
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	121

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	175	0	0	142	121	54	178	178
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	175	0	0	142	121	54	178	178

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7744	11.9%	26914	41.4%	1157	0	8387	0	44202	69.2%	0.0%
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%
TOTALS	7744	11.9%	26914	41.4%	1157	0	8387	0	44202	69.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	4	0	0	0	0	0	0	4	4	8
65 to 74	8	14	0	0	0	0	0	0	8	14	22
75 to 84	5	36	0	0	0	0	0	0	5	36	41
85+	13	34	0	0	0	0	0	0	13	34	47
TOTALS	32	89	0	0	0	0	0	0	32	89	121

HERITAGE HEALTH - SPRINGFIELD
900 NORTH RUTLEDGE
Springfield, IL. 62702

Classification Numbers

Facility ID	6004279	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	37	62	4	0	18	0	121
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	37	62	4	0	18	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	19	0	0	0	19
Hawaiian/Pacific Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	121	0	0	0	121

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	18.00
Certified Aides	51.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	93.00

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
38.0%	32.8%	2.2%	0.0%	27.0%	100.0%		
4,485,009	3,873,735	256,637	0	3,183,840	11,799,221	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - WALNUT
308 SOUTH SECOND STREET
Walnut, IL. 61376

Reference Numbers

Facility ID	6009690	
Health Service Area	002	
Planning Service Area	011	Bureau/Putnam
County	011	Bureau County

Administrator
Dennis L. Grobe

Contact Person and Telephone
Dennis L. Grobe
815-379-2131

Registered Agent Information
Benjamin Hart
115 West Jefferson Street Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/12/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	46
Total Admissions 2017	62
Total Discharges 2017	55
Residents on 12/31/2017	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	18
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	62	62	53	62	53	9	0	62
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	62	62	53	62	53	9	0	62

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1256	0.0%	10140	44.8%	0	0	6004	0	17400	76.9%	76.9%
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%
TOTALS	1256	0.0%	10140	44.8%	0	0	6004	0	17400	76.9%	76.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
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	9	8	0	0	0	0	0	0	9	8	17
85+	8	24	0	0	0	0	0	0	8	24	32
TOTALS	19	34	0	0	0	0	0	0	19	34	53

HERITAGE HEALTH - WALNUT
308 SOUTH SECOND STREET
Walnut, IL. 61376

Classification Numbers

Facility ID	6009690	
Health Service Area	002	
Planning Service Area	011	Bureau/Putnam
County	011	Bureau County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	23	0	2	23	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	23	0	2	23	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.70
LPN's	5.80
Certified Aides	16.40
Other Health Staff	17.80
Non-Health Staff	0.00
Totals	46.70

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
22.5%	38.4%	0.0%	0.0%	39.0%	100.0%		
842,835	1,437,178	0	0	1,457,780	3,737,793	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

5/18/2016 Formerly Walnut Manor.

Heritage Health Carlinville
1200 University Avenue
Carlinville, IL. 62626

Reference Numbers

Facility ID	6000723	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

Administrator
Donna L. Weeks

Contact Person and Telephone
Donna Weeks
217-854-4433

Registered Agent Information
Patrick R. Cox
202 N. Center
Bloomington, IL 61707

Date Questionnaire Completed 4/11/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	76
Total Admissions 2017	75
Total Discharges 2017	68
Residents on 12/31/2017	83

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	6
Other Medical Conditions	15
Non-Medical Conditions	13
TOTALS	83

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	95	92	90	92	83	12	95	95
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	95	92	90	92	83	12	95	95

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2315	6.7%	15391	44.4%	0	0	11080	0	28786	83.0%	85.7%
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%
TOTALS	2315	6.7%	15391	44.4%	0	0	11080	0	28786	83.0%	85.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	5	44	0	0	0	0	0	0	5	44	49
TOTALS	15	68	0	0	0	0	0	0	15	68	83

Heritage Health Carlinville
1200 University Avenue
Carlinville, IL. 62626

Classification Numbers

Facility ID	6000723	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	38	0	0	29	0	83
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	38	0	0	29	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.56
LPN's	10.50
Certified Aides	38.00
Other Health Staff	8.00
Non-Health Staff	28.00
Totals	92.06

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
24.0%	36.5%	0.0%	0.0%	39.5%	100.0%		
1,403,900	2,133,167	0	0	2,310,344	5,847,411	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/25/2016 Discontinued 13 Nursing Care beds; facility now has 95 Nursing Care beds.

Heritage Health Chillicothe
1028 Hillcrest Drive
Chillicothe, IL. 61523

Reference Numbers

Facility ID	6007199	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

Administrator
Melissa Stachowiak

Contact Person and Telephone
Melissa Stachowiak
309-274-2194

Registered Agent Information
Ben Hart
115 W. Jefferson St., Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	87
Total Admissions 2017	165
Total Discharges 2017	177
Residents on 12/31/2017	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	5
Mental Illness	10
Developmental Disability	0
Circulatory System	9
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	21
Injuries and Poisonings	4
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	106	106	90	98	75	31	106	70
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	106	106	90	98	75	31	106	70

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2336	6.0%	16279	63.7%	0	0	10925	0	29540	76.4%	76.4%
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%
TOTALS	2336	6.0%	16279	63.7%	0	0	10925	0	29540	76.4%	76.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	4	15	0	0	0	0	0	0	4	15	19
85+	13	38	0	0	0	0	0	0	13	38	51
TOTALS	19	56	0	0	0	0	0	0	19	56	75

Heritage Health Chillicothe
1028 Hillcrest Drive
Chillicothe, IL. 61523

Classification Numbers

Facility ID	6007199	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	42	0	7	22	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	42	0	7	22	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	4.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	50.00

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
23.4%	35.3%	0.0%	0.0%	41.3%	100.0%		
1,654,326	2,491,093	0	0	2,918,273	7,063,692	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

7/26/2016 Discontinued 4 Nursing Care beds; facility now has 106 Nursing Care beds.

Heritage Health El Paso
555 E Clay
El Paso, IL. 61738

Reference Numbers

Facility ID	6005920	
Health Service Area	002	
Planning Service Area	203	Woodford
County	203	Woodford County

Administrator
JoAnna Rewerts

Contact Person and Telephone
JoAnna Rewerts
309-527-6240

Registered Agent Information
Benjamin A. Hart
115 W. Jefferson St., Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	48
Total Admissions 2017	78
Total Discharges 2017	76
Residents on 12/31/2017	50

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	12
Alzheimer Disease	0
Mental Illness	15
Developmental Disability	0
Circulatory System	9
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	50

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	65	65	60	65	50	15	65	65
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	65	65	60	65	50	15	65	65

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	437	1.8%	13964	58.9%	0	0	4674	0	19075	80.4%	80.4%
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%
TOTALS	437	1.8%	13964	58.9%	0	0	4674	0	19075	80.4%	80.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	0	1	1
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	4	13	0	0	0	0	0	0	4	13	17
85+	6	19	0	0	0	0	0	0	6	19	25
TOTALS	13	37	0	0	0	0	0	0	13	37	50

Heritage Health El Paso
555 E Clay
El Paso, IL. 61738

Classification Numbers

Facility ID	6005920	
Health Service Area	002	
Planning Service Area	203	Woodford
County	203	Woodford County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	40	0	1	7	0	50
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	40	0	1	7	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	50	0	0	0	50

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	50	0	0	0	50
Ethnicity Unknown	0	0	0	0	0
Total	50	0	0	0	50

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	4.00
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	52.00

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
13.4%	52.0%	0.0%	0.0%	34.6%	100.0%		
558,561	2,175,694	0	0	1,449,197	4,183,452	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heritage Health Gillespie
7588 Staunton Road
Gillespie , IL. 62033

Reference Numbers

Facility ID	6000681	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

Administrator
Kimberly Blair-Hutcheson

Contact Person and Telephone
Kimberly Blair-Hutcheson
217-839-2171

Registered Agent Information
Kimberly Blair-Hutcheson
7588 Staunton Road
Gillespie, IL 62033

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	67
Total Admissions 2017	84
Total Discharges 2017	90
Residents on 12/31/2017	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	1
Circulatory System	8
Respiratory System	14
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	7
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	100	100	0	100	61	39	100	100
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	100	100	0	100	61	39	100	100

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3066	8.4%	10865	29.8%	0	0	7501	0	21432	58.7%	58.7%
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%
TOTALS	3066	8.4%	10865	29.8%	0	0	7501	0	21432	58.7%	58.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	8	32	0	0	0	0	0	0	8	32	40
TOTALS	18	43	0	0	0	0	0	0	18	43	61

Heritage Health Gillespie
7588 Staunton Road
Gillespie , IL. 62033

Classification Numbers

Facility ID	6000681	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	33	0	1	19	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	33	0	1	19	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	12.00
Certified Aides	23.00
Other Health Staff	11.00
Non-Health Staff	0.00
Totals	52.00

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
35.0%	30.8%	0.0%	0.0%	34.2%	100.0%		
1,708,647	1,504,140	0	0	1,669,031	4,881,818	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/25/2016 Discontinued 18 Nursing Care beds; facility now has 100 Nursing Care beds.

Heritage Health Normal
509 N Adelaide street
Normal, IL. 61761

Reference Numbers

Facility ID	6008510	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Dianne Cochran

Contact Person and Telephone
Dianne Cochran
309-452-7468

Registered Agent Information
Ben Hart
115 W Jefferson Street Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/13/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	114
Total Admissions 2017	405
Total Discharges 2017	404
Residents on 12/31/2017	115

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	5
Mental Illness	71
Developmental Disability	0
Circulatory System	14
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	115

Total Residents Diagnosed as Mentally Ill 71

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	141	122	122	115	115	26	118	91
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	141	122	122	115	115	26	118	91

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3149	7.3%	16417	49.4%	0	0	22012	0	41578	80.8%	93.4%
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%
TOTALS	3149	7.3%	16417	49.4%	0	0	22012	0	41578	80.8%	93.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	9	5	0	0	0	0	0	0	9	5	14
85+	22	70	0	0	0	0	0	0	22	70	92
TOTALS	34	81	0	0	0	0	0	0	34	81	115

Heritage Health Normal
509 N Adelaide street
Normal, IL. 61761

Classification Numbers

Facility ID	6008510	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	32	0		75	0	
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	32	0		75	0	

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	114	0	0	0	114
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.60
LPN's	22.80
Certified Aides	84.36
Other Health Staff	11.00
Non-Health Staff	55.27
Totals	191.03

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
18.3%	23.2%	0.0%	0.0%	58.5%	100.0%		
2,025,897	2,574,490	0	0	6,474,804	11,075,191	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/25/2016 Discontinued 23 Nursing Care beds; facility now has 141 Nursing Care beds.

Heritage Health Pana
1000 East 6th Street
Pana, IL. 62557

Reference Numbers

Facility ID	6000707	
Health Service Area	003	
Planning Service Area	021	Christian
County	021	Christian County

Administrator
Deborah Bearup

Contact Person and Telephone
Deborah Bearup
217-562-2174

Registered Agent Information
Benjamin Hart
115 West Jefferson Street
Bloomington, IL 61701

Date Questionnaire Completed 4/13/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	101
Total Admissions 2017	112
Total Discharges 2017	115
Residents on 12/31/2017	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	1
Circulatory System	25
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	28
Injuries and Poisonings	0
Other Medical Conditions	23
Non-Medical Conditions	1
TOTALS	98

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	128	128	98	128	98	30	128	128
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	128	128	98	128	98	30	128	128

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6598	14.1%	22183	47.5%	0	0	7275	0	36056	77.2%	77.2%
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%
TOTALS	6598	14.1%	22183	47.5%	0	0	7275	0	36056	77.2%	77.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	7	21	0	0	0	0	0	0	7	21	28
85+	18	40	0	0	0	0	0	0	18	40	58
TOTALS	29	69	0	0	0	0	0	0	29	69	98

Heritage Health Pana
1000 East 6th Street
Pana, IL. 62557

Classification Numbers

Facility ID	6000707	
Health Service Area	003	
Planning Service Area	021	Christian
County	021	Christian County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	58	0	0	20	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	58	0	0	20	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	16.00
Certified Aides	44.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	91.00

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
22.2%	17.8%	0.0%	10.1%	50.0%	100.0%		
4,131,398	3,314,532	0	1,879,576	9,325,507	18,651,013	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/25/2016 Discontinued 23 Nursing Care beds; facility now has 128 Nursing Care beds.

Heritage Health Therapy & Senior Care
435 Camden Road
Mt. Sterling, IL. 62353

Reference Numbers

Facility ID	6004287	
Health Service Area	003	
Planning Service Area	009	Brown/Schuyler
County	009	Brown County

Administrator
Shirley Cathleen Koch

Contact Person and Telephone
Rabecca Howard
309-823-7139

Registered Agent Information
Ben Hart
115 W Jefferson Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/9/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	50
Total Admissions 2017	59
Total Discharges 2017	60
Residents on 12/31/2017	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	18
Developmental Disability	1
Circulatory System	6
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	4
Non-Medical Conditions	1
TOTALS	49

Total Residents Diagnosed as Mentally Ill 18

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	74	49	74	49	31	80	80
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	80	74	49	74	49	31	80	80

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1053	3.6%	9408	32.2%	0	0	7517	0	17978	61.6%	66.6%
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%
TOTALS	1053	3.6%	9408	32.2%	0	0	7517	0	17978	61.6%	66.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	3	10	0	0	0	0	0	0	3	10	13
85+	6	24	0	0	0	0	0	0	6	24	30
TOTALS	13	36	0	0	0	0	0	0	13	36	49

Heritage Health Therapy & Senior Care
435 Camden Road
Mt. Sterling, IL. 62353

Classification Numbers

Facility ID	6004287	
Health Service Area	003	
Planning Service Area	009	Brown/Schuyler
County	009	Brown County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	25	0	0	18	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	25	0	0	18	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	5.00
Certified Aides	17.00
Other Health Staff	2.00
Non-Health Staff	17.00
Totals	45.00

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
20.1%	35.8%	0.0%	0.0%	44.2%	100.0%		
711,714	1,267,354	0	0	1,565,278	3,544,346	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/25/2016 Discontinued 7 Nursing Care beds; facility now has 80 Nursing Care beds.

Heritage Health-Staunton
215 west Pennsylvania Avenue
Staunton, IL. 62088

Reference Numbers

Facility ID	6000715	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

Administrator
Mary Joann Newell

Contact Person and Telephone
Rabecca Howard
309-823-7139

Registered Agent Information
Ben Hart
115 W. Jefferson St. Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/9/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	63
Total Admissions 2017	63
Total Discharges 2017	65
Residents on 12/31/2017	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	3
Developmental Disability	0
Circulatory System	8
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	27
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	90	69	90	61	29	90	90
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	90	90	69	90	61	29	90	90

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2528	7.7%	11521	35.1%	0	0	9089	0	23138	70.4%	70.4%
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%
TOTALS	2528	7.7%	11521	35.1%	0	0	9089	0	23138	70.4%	70.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	4	6	0	0	0	0	0	0	4	6	10
85+	12	34	0	0	0	0	0	0	12	34	46
TOTALS	16	45	0	0	0	0	0	0	16	45	61

Heritage Health-Staunton
215 west Pennsylvania Avenue
Staunton, IL. 62088

Classification Numbers

Facility ID	6000715	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	27	0	0	27	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	27	0	0	27	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	1	0	0	0	1
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	6.00
Certified Aides	22.00
Other Health Staff	10.00
Non-Health Staff	31.00
Totals	78.00

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%	29.5%	0.0%	0.0%	40.6%	100.0%		
1,590,371	1,568,481	0	0	2,155,281	5,314,133	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/25/2016 Discontinued 9 Nursing Care beds; facility now has 90 Nursing Care beds.

HERITAGE MANOR - MOUNT ZION
1225 WOODLAN DRIVE
Mount Zion, IL. 62549

Reference Numbers

Facility ID	6010128	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
Rachel Cassella

Contact Person and Telephone
Rachel Cassella
217-864-2356

Registered Agent Information
BEN HART
115 W JEFFERSON ST, SUITE 401
Bloomington, IL 61701

Date Questionnaire Completed 4/26/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	65
Total Admissions 2017	85
Total Discharges 2017	83
Residents on 12/31/2017	67

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	13
Developmental Disability	0
Circulatory System	12
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	67

Total Residents Diagnosed as Mentally Ill 41

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	75	75	69	75	67	8	75	75
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	75	75	69	75	67	8	75	75

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3330	12.2%	15737	57.5%	0	0	4484	0	23551	86.0%	86.0%
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%
TOTALS	3330	12.2%	15737	57.5%	0	0	4484	0	23551	86.0%	86.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	4	38	0	0	0	0	0	0	4	38	42
TOTALS	11	56	0	0	0	0	0	0	11	56	67

HERITAGE MANOR - MOUNT ZION
1225 WOODLAN DRIVE
Mount Zion, IL. 62549

Classification Numbers

Facility ID	6010128	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	41	0	0	15	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	41	0	0	15	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	11.00
Certified Aides	29.00
Other Health Staff	0.00
Non-Health Staff	37.00
Totals	84.00

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
34.2%	42.3%	0.0%	0.0%	23.5%	100.0%		
1,788,151	2,213,760	0	0	1,226,128	5,228,039	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heritage Manor Streator
1525 East Main Street
Streator, IL. 61364

Reference Numbers

Facility ID	6004311	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

Administrator
Bonnie Bradley

Contact Person and Telephone
Rabecca Howard

Registered Agent Information
Ben Hart
115 West Jefferson St. Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/16/2018

Life Care Facility

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	110
Total Admissions 2017	277
Total Discharges 2017	278
Residents on 12/31/2017	109

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	29
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	109

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	130	130	130	130	109	21	130	110
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	130	130	130	130	109	21	130	110

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5747	12.1%	21395	53.3%	1346	0	12578	0	41066	86.5%	86.5%
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%
TOTALS	5747	12.1%	21395	53.3%	1346	0	12578	0	41066	86.5%	86.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	8	14	0	0	0	0	0	0	8	14	22
75 to 84	8	4	0	0	0	0	0	0	8	4	12
85+	13	55	0	0	0	0	0	0	13	55	68
TOTALS	30	79	0	0	0	0	0	0	30	79	109

Heritage Manor Streator
1525 East Main Street
Streator, IL. 61364

Classification Numbers

Facility ID	6004311	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	63	6	0	25	0	109
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	63	6	0	25	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	0	0	0	0	0
Total	109	0	0	0	109

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	109	0	0	0	109

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.25
LPN's	9.80
Certified Aides	44.36
Other Health Staff	0.00
Non-Health Staff	66.49
Totals	139.90

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
31.7%	31.6%	2.2%	0.0%	34.4%	100.0%		
3,254,119	3,245,321	227,487	0	3,528,098	10,255,025	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Heritage Square
620 North Ottawa
Dixon, IL. 61021

Reference Numbers

Facility ID	6004337	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

Administrator
Bonnie O'Connell

Contact Person and Telephone
Bonnie O'Connell
815-912-2130

Registered Agent Information
William Reigle
412 Fieldstone
Dixon, IL 61021

Date Questionnaire Completed 4/15/2018

Continuing Care Retirement Community

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	74
Total Admissions 2017	19
Total Discharges 2017	23
Residents on 12/31/2017	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	31
Respiratory System	8
Digestive System	6
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	70

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	27	27	23	27	23	4	0	25
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	49	49	47	49	47	2		
TOTAL BEDS	76	76	70	76	70	6	0	25

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	2190	24.0%	0	0	22995	365	25550	259.3%	259.3%
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%
TOTALS	0	0.0%	2190	24.0%	0	0	22995	365	25550	92.1%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	1	0	2	0	2
75 to 84	5	0	0	0	0	0	1	6	6	6	12
85+	0	17	0	0	0	0	10	29	10	46	56
TOTALS	6	17	0	0	0	0	12	35	18	52	70

Heritage Square
620 North Ottawa
Dixon, IL. 61021

Classification Numbers

Facility ID	6004337	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	6	0	0	16	1	23
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	47	0	47
TOTALS	0	6	0	0	63	1	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	23	0	0	47	70
Race Unknown	0	0	0	0	0
Total	23	0	0	47	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	23	0	0	47	70
Ethnicity Unknown	0	0	0	0	0
Total	23	0	0	47	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	6.00
Certified Aides	11.00
Other Health Staff	18.00
Non-Health Staff	11.00
Totals	53.00

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
0.0%	8.9%	0.0%	0.0%	91.1%	100.0%		
0	289,990	0	0	2,954,751	3,244,741	7,622	0.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HICKORY NURSING PAVILION
9246 SOUTH ROBERTS ROAD
Hickory Hills, IL. 60457

Reference Numbers

Facility ID	6004352	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Palos Township

Administrator
Deborah Vege

Contact Person and Telephone
Deborah Vege
708-598-4040

Registered Agent Information

Date Questionnaire Completed 4/10/2018

Life Care Facility

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	54
Total Admissions 2017	26
Total Discharges 2017	33
Residents on 12/31/2017	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	45
Blood Disorders	18
*Nervous System Non Alzheimer	33
Alzheimer Disease	4
Mental Illness	43
Developmental Disability	6
Circulatory System	35
Respiratory System	26
Digestive System	39
Genitourinary System Disorders	20
Skin Disorders	26
Musculo-skeletal Disorders	22
Injuries and Poisonings	8
Other Medical Conditions	45
Non-Medical Conditions	0
TOTALS	372

Total Residents Diagnosed as Mentally Ill 43

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	74	74	46	74	46	28	13	74
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	74	74	46	74	46	28	13	74

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3	0.1%	42	0.2%	0	0	1	0	46	0.2%	0.2%
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%
TOTALS	3	0.1%	42	0.2%	0	0	1	0	46	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	12	6	0	0	0	0	0	0	12	6	18
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	3	2	0	0	0	0	0	0	3	2	5
85+	0	4	0	0	0	0	0	0	0	4	4
TOTALS	24	23	0	0	0	0	0	0	24	23	47

HICKORY NURSING PAVILION
9246 SOUTH ROBERTS ROAD
Hickory Hills, IL. 60457

Classification Numbers

Facility ID	6004352	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Palos Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	45	0	0	0	0	46
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	45	0	0	0	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	31	0	0	0	31
Race Unknown	4	0	0	0	4
Total	46	0	0	0	46

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	0	46

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	21.00
Other Health Staff	7.00
Non-Health Staff	13.00
Totals	55.00

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
9.5%	89.7%	0.0%	0.0%	0.8%	100.0%		
282,648	2,673,878	0	0	24,500	2,981,026	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Hickory Point Christian Village
565 W. Marion
Forsyth , IL. 62535

Reference Numbers

Facility ID	6016687	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
Laurie Brown

Contact Person and Telephone
Laurie Brown
217-872-5899

Registered Agent Information
CT Corporation System
208 S Lasalle St Suite 814
Chicago, IL 60004

Date Questionnaire Completed 4/13/2018

Continuing Care Retirement Community

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	62
Total Admissions 2017	353
Total Discharges 2017	355
Residents on 12/31/2017	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	18
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	9
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 38

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	64	64	64	64	60	4	64	5
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	64	64	64	64	60	4	64	5

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10036	43.0%	582	31.9%	237	1094	10931	0	22880	97.9%	97.9%
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%
TOTALS	10036	43.0%	582	31.9%	237	1094	10931	0	22880	97.9%	97.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	2	0	0	0	0	0	0	4	2	6
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	10	32	0	0	0	0	0	0	10	32	42
TOTALS	20	40	0	0	0	0	0	0	20	40	60

Hickory Point Christian Village
565 W. Marion
Forsyth , IL. 62535

Classification Numbers

Facility ID	6016687	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	0	0	8	24	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	0	0	8	24	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	6.00
Certified Aides	31.00
Other Health Staff	4.00
Non-Health Staff	35.00
Totals	93.00

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
48.6%	1.2%	0.2%	0.7%	49.2%	100.0%		
5,357,383	137,014	27,049	73,429	5,419,009	11,013,884	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HICKORY STREET PLACE
3905 E. HICKORY ST.
Decatur, IL. 62526

Reference Numbers

Facility ID	6012819	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
VAL POLING

Contact Person and Telephone
DAVE JACOBUS
217-763-2191

Registered Agent Information
DAVE JACOBUS
2576 N. GREENWAY ROAD
Cerro Gordo, IL 61818

Date Questionnaire Completed 4/16/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	6
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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
TOTALS	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2095	95.7%	0	0	0	0	2095	95.7%	95.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2095	95.7%	0	0	0	0	2095	95.7%	95.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	1	1	0	0	1	1	2
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
TOTALS	0	0	0	0	2	4	0	0	2	4	6

HICKORY STREET PLACE
3905 E. HICKORY ST.
Decatur, IL. 62526

Classification Numbers

Facility ID	6012819	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	4.00
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	5.00

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
0.0%	88.1%	0.0%	0.0%	11.9%	100.0%		
0	317,546	0	0	43,034	360,580	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HIGHLAND HEALTH CARE CENTER
1450 26TH STREET
Highland, IL. 62249-2634

Reference Numbers

Facility ID	6001663	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Jerlene Jamison

Contact Person and Telephone
Jerlene Jamison
618-654-2368

Registered Agent Information
Jennifer Miller-Louw
2015 West Main Street #111
Carbondale, IL 62901

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	66
Total Admissions 2017	196
Total Discharges 2017	150
Residents on 12/31/2017	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	13
Developmental Disability	0
Circulatory System	11
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	8
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	68

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	128	91	67	91	67	61	82	95
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	128	91	67	91	67	61	82	95

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2786	9.3%	17297	49.9%	1233	2716	1886	0	25918	55.5%	78.0%
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%
TOTALS	2786	9.3%	17297	49.9%	1233	2716	1886	0	25918	55.5%	78.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	3	1	4
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	10	7	0	0	0	0	0	0	10	7	17
75 to 84	8	3	0	0	0	0	0	0	8	3	11
85+	10	22	0	0	0	0	0	0	10	22	32
TOTALS	32	36	0	0	0	0	0	0	32	36	68

HIGHLAND HEALTH CARE CENTER
1450 26TH STREET
Highland, IL. 62249-2634

Classification Numbers

Facility ID	6001663	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	38	13	10	5	0	68
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	38	13	10	5	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	30.00
Other Health Staff	8.00
Non-Health Staff	26.00
Totals	77.00

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
28.8%	47.2%	3.8%	8.7%	11.5%	100.0%		
2,462,258	4,037,443	327,632	746,011	979,756	8,553,100	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Highview Terrace
409 North High
Paris, IL. 61944

Reference Numbers

Facility ID	6010359	
Health Service Area	004	
Planning Service Area	045	Edgar
County	045	Edgar County

Administrator
Courtney Buhlig

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	10	6	0	0	10	6	16

Highview Terrace
409 North High
Paris, IL. 61944

Classification Numbers

Facility ID	6010359	
Health Service Area	004	
Planning Service Area	045	Edgar
County	045	Edgar County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	68.9%	2.0%	0.0%	29.1%	100.0%		
0	466,895	13,621	0	197,330	677,846	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Hillcrest Home
14688 IL Hwy 82
Geneseo, IL. 61254

Reference Numbers

Facility ID	6004402	
Health Service Area	010	
Planning Service Area	073	Henry
County	073	Henry County

Administrator
Lorna Brown

Contact Person and Telephone
Julie Kaufman
309-944-2147

Registered Agent Information

Date Questionnaire Completed 3/2/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	93
Total Admissions 2017	100
Total Discharges 2017	94
Residents on 12/31/2017	99

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	12
Alzheimer Disease	14
Mental Illness	4
Developmental Disability	1
Circulatory System	28
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	6
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	99

Total Residents Diagnosed as Mentally Ill 70

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	106	106	105	106	99	7	106	106
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	106	106	105	106	99	7	106	106

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1100	2.8%	14638	37.8%	61	722	19053	0	35574	91.9%	91.9%
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%
TOTALS	1100	2.8%	14638	37.8%	61	722	19053	0	35574	91.9%	91.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	7	6	0	0	0	0	0	0	7	6	13
75 to 84	6	17	0	0	0	0	0	0	6	17	23
85+	16	45	0	0	0	0	0	0	16	45	61
TOTALS	29	70	0	0	0	0	0	0	29	70	99

Hillcrest Home
14688 IL Hwy 82
Geneseo, IL. 61254

Classification Numbers

Facility ID	6004402	
Health Service Area	010	
Planning Service Area	073	Henry
County	073	Henry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	42	1	0	54	0	99
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	42	1	0	54	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	0	0	0	0	0
Total	99	0	0	0	99

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	0	0	0	0	0
Total	99	0	0	0	99

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	12.00
Certified Aides	42.00
Other Health Staff	10.00
Non-Health Staff	28.00
Totals	101.00

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
8.8%	39.5%	0.1%	5.3%	46.4%	100.0%		
432,855	1,948,575	4,416	259,695	2,287,477	4,933,018	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Hillcrest Retirement Village LTD
1740 North Circuit Drive
Round Lake Beach, IL. 60073

Reference Numbers

Facility ID	6004410	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Alan Rosenbaum

Contact Person and Telephone
Alan Rosenbaum
224-577-0100

Registered Agent Information
Edwin Josephson
30 South Wacker Drive 2600
Chicago, IL 60606

Date Questionnaire Completed 4/11/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	118
Total Admissions 2017	163
Total Discharges 2017	163
Residents on 12/31/2017	118

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	12
Blood Disorders	1
*Nervous System Non Alzheimer	17
Alzheimer Disease	7
Mental Illness	5
Developmental Disability	0
Circulatory System	48
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	118

Total Residents Diagnosed as Mentally Ill 75

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	144	140	118	140	118	26	0	140
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	144	140	118	140	118	26	0	140

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3000	0.0%	34804	68.1%	0	90	5511	0	43405	82.6%	84.9%
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%
TOTALS	3000	0.0%	34804	68.1%	0	90	5511	0	43405	82.6%	84.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	0	0	0	0	0	0	0	4	4
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	9	14	0	0	0	0	0	0	9	14	23
75 to 84	10	24	0	0	0	0	0	0	10	24	34
85+	12	40	0	0	0	0	0	0	12	40	52
TOTALS	33	85	0	0	0	0	0	0	33	85	118

Hillcrest Retirement Village LTD
1740 North Circuit Drive
Round Lake Beach, IL. 60073

Classification Numbers

Facility ID	6004410	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	100	0	0	14	0	118
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	100	0	0	14	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	110	0	0	0	110
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	0	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	15.00
LPN's	14.00
Certified Aides	82.00
Other Health Staff	12.00
Non-Health Staff	59.00
Totals	185.00

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
10.6%	75.7%	0.0%	0.0%	13.8%	100.0%		
815,483	5,846,335	0	0	1,064,430	7,726,248	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HILLSBORO REHAB & HEALTHCARE
1300 EAST TREMONT STREET
Hillsboro, IL. 62049

Reference Numbers

Facility ID	6004428	
Health Service Area	003	
Planning Service Area	135	Montgomery
County	135	Montgomery County

Administrator
Ashley Blevins

Contact Person and Telephone
Ashley Blevins
217-532-6191

Registered Agent Information
Daniel Maher
926 South 7th
Springfield, IL 62703

Date Questionnaire Completed 2/28/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	88
Total Admissions 2017	111
Total Discharges 2017	113
Residents on 12/31/2017	86

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	13
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	18
Developmental Disability	0
Circulatory System	15
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	86

Total Residents Diagnosed as Mentally Ill 68

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	121	112	95	112	86	35	121	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		
TOTAL BEDS	121	112	95	112	86	35	121	121

FACILITY UTILIZATION - 2017
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3285	7.4%	14273	32.3%	9	722	14137	0	32426	73.4%	79.3%
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%
TOTALS	3285	7.4%	14273	32.3%	9	722	14137	0	32426	73.4%	79.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	6	1	0	0	0	0	0	0	6	1	7
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	11	16	0	0	0	0	0	0	11	16	27
85+	10	21	0	0	0	0	0	0	10	21	31
TOTALS	39	47	0	0	0	0	0	0	39	47	86

HILLSBORO REHAB & HEALTHCARE
1300 EAST TREMONT STREET
Hillsboro, IL. 62049

Classification Numbers

Facility ID	6004428	
Health Service Area	003	
Planning Service Area	135	Montgomery
County	135	Montgomery County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	41	0	2	33	0	86
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	41	0	2	33	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	11.00
Certified Aides	19.00
Other Health Staff	3.00
Non-Health Staff	6.00
Totals	46.00

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
21.9%	45.9%	0.0%	4.6%	27.5%	100.0%		
1,151,435	2,411,012	0	241,729	1,444,738	5,248,914	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Hillside Rehab and Care Center
1308 Game Farm Rd
Yorkville , IL. 60560

Reference Numbers

Facility ID	6004451	
Health Service Area	009	
Planning Service Area	093	Kendall
County	093	Kendall County

Administrator
Chris Rayborn

Contact Person and Telephone
Chris Rayborn
630-553-5811

Registered Agent Information
Business Filings Incorporated
118 West Edwards, Suite 200
Springfield, IL 62074

Date Questionnaire Completed 3/29/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	52
Total Admissions 2017	104
Total Discharges 2017	93
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	30
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	8
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
TOTALS	63

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	79	67	65	67	63	16	79	58
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	79	67	65	67	63	16	79	58

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2223	7.7%	12148	57.4%	1413	580	5544	0	21908	76.0%	89.6%
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%
TOTALS	2223	7.7%	12148	57.4%	1413	580	5544	0	21908	76.0%	89.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	1	3	4
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	7	27	0	0	0	0	0	0	7	27	34
TOTALS	16	47	0	0	0	0	0	0	16	47	63

Hillside Rehab and Care Center
1308 Game Farm Rd
Yorkville , IL. 60560

Classification Numbers

Facility ID	6004451	
Health Service Area	009	
Planning Service Area	093	Kendall
County	093	Kendall County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	42	0	2	15	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	42	0	2	15	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	1.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	24.00
Totals	62.00

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
38.2%	49.0%	5.0%	7.8%	0.0%	100.0%		
1,325,000	1,702,000	172,000	272,000	1,109	3,472,109	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HILLTOP SKILLED NURSING & REHAB
910 W Polk
Charleston, IL. 61920

Reference Numbers

Facility ID	6004477	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland
County	029	Coles County

Administrator
Emily Masulis

Contact Person and Telephone
Emily Masulis
217-345-7066

Registered Agent Information
Jennifer Miller-Louw
2515 W Main Street
Carbondale, IL 62901

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	37
Total Admissions 2017	185
Total Discharges 2017	180
Residents on 12/31/2017	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	12
Blood Disorders	4
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	8
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
TOTALS	42

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	108	88	40	88	42	66	36	108
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	108	88	40	88	42	66	36	108

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2583	19.7%	8208	20.8%	0	573	4612	0	15976	40.5%	49.7%
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%
TOTALS	2583	19.7%	8208	20.8%	0	573	4612	0	15976	40.5%	49.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	0	3	3
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	8	17	0	0	0	0	0	0	8	17	25
TOTALS	13	29	0	0	0	0	0	0	13	29	42

HILLTOP SKILLED NURSING & REHAB
910 W Polk
Charleston, IL. 61920

Classification Numbers

Facility ID	6004477	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland
County	029	Coles County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	22	0	0	17	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	22	0	0	17	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	5.00
Certified Aides	9.90
Other Health Staff	1.00
Non-Health Staff	10.00
Totals	28.90

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
42.2%	30.1%	0.1%	5.5%	22.0%	100.0%		
1,412,290	1,008,682	4,950	184,396	735,355	3,345,673	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Hillview Healthcare Center
512 N 11th St
Vienna, IL. 62995

Reference Numbers

Facility ID	6004485	
Health Service Area	005	
Planning Service Area	087	Johnson/Massac
County	087	Johnson County

Administrator
Rachel Thomas

Contact Person and Telephone
Rachel Thomas
618-658-2951

Registered Agent Information

Date Questionnaire Completed 3/26/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	45
Total Admissions 2017	29
Total Discharges 2017	34
Residents on 12/31/2017	40

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	40

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	58	55	49	55	40	18	58	58
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	58	55	49	55	40	18	58	58

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1052	5.0%	9194	43.4%	458	190	4724	0	15618	73.8%	77.8%
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%
TOTALS	1052	5.0%	9194	43.4%	458	190	4724	0	15618	73.8%	77.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	3	25	0	0	0	0	0	0	3	25	28
TOTALS	7	33	0	0	0	0	0	0	7	33	40

Hillview Healthcare Center
512 N 11th St
Vienna, IL. 62995

Classification Numbers

Facility ID	6004485	
Health Service Area	005	
Planning Service Area	087	Johnson/Massac
County	087	Johnson County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	21	3	0	13	0	40
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	21	3	0	13	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	40	0	0	0	40

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	21.00
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
18.0%	38.3%	1.5%	5.2%	37.0%	100.0%		
419,917	892,722	34,788	121,361	863,583	2,332,371	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Hitz Memorial Home
201 Belle St. P.O. Box 79
Alhambra, IL. 62001

Reference Numbers

Facility ID	6004501	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Susan Tudor

Contact Person and Telephone
Susan Tudor
618-488-2355

Registered Agent Information
Kathy Corbitt
201 Belle St. P.O. Box 79
Alhambra, IL 62001

Date Questionnaire Completed 3/21/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	44
Total Admissions 2017	53
Total Discharges 2017	53
Residents on 12/31/2017	44

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	0
Circulatory System	14
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	44

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	67	59	50	59	44	23	34	59
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	67	59	50	59	44	23	34	59

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1983	16.0%	6522	30.3%	0	0	7969	7	16481	67.4%	76.5%
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%
TOTALS	1983	16.0%	6522	30.3%	0	0	7969	7	16481	67.4%	76.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	14	0	0	0	0	0	0	2	14	16
85+	9	18	0	0	0	0	0	0	9	18	27
TOTALS	11	33	0	0	0	0	0	0	11	33	44

Hitz Memorial Home
201 Belle St. P.O. Box 79
Alhambra, IL. 62001

Classification Numbers

Facility ID	6004501	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	18	0	0	18	0	44
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	18	0	0	18	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	44	0	0	0	44

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	44	0	0	0	44
Ethnicity Unknown	0	0	0	0	0
Total	44	0	0	0	44

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.56
LPN's	10.00
Certified Aides	22.10
Other Health Staff	0.00
Non-Health Staff	24.57
Totals	60.23

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%	32.0%	0.0%	0.0%	40.8%	100.0%		
794,926	933,184	0	0	1,192,433	2,920,543	1,190	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Holland Terrace
15175 State Street
South Holland, IL. 60473

Reference Numbers

Facility ID	6014732	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

Administrator
Florencia Rocha

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	1
Total Discharges 2017	2
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5620	96.2%	0	0	0	0	5620	96.2%	96.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5620	96.2%	0	0	0	0	5620	96.2%	96.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	2	0	0	2	2	4
45 to 59	0	0	0	0	5	1	0	0	5	1	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	3	0	0	1	3	4
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	8	7	0	0	8	7	15

Holland Terrace
15175 State Street
South Holland, IL. 60473

Classification Numbers

Facility ID	6014732	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	6	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	8	0	8
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	1	0	1

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	85.2%	0.7%	0.0%	14.0%	100.0%		
0	736,233	6,321	0	121,248	863,802	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Holy Family Villa
12220 S. Will Cook Rd
Palos Park, IL. 60464

Reference Numbers

Facility ID	6004550	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Palos Township

Administrator
Roberta Magurany

Contact Person and Telephone
Kathi Graben
630-257-2291

Registered Agent Information
Monsignor Michael Boland
721 N. LaSalle Street
Chicago, IL 60654

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	115
Total Admissions 2017	294
Total Discharges 2017	294
Residents on 12/31/2017	115

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	6
Mental Illness	18
Developmental Disability	0
Circulatory System	32
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	11
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	115

Total Residents Diagnosed as Mentally Ill 85

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	129	129	125	129	115	14	129	65
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	129	129	125	129	115	14	129	65

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9316	19.8%	12421	52.4%	0	0	18619	315	40671	86.4%	86.4%
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%
TOTALS	9316	19.8%	12421	52.4%	0	0	18619	315	40671	86.4%	86.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	10	20	0	0	0	0	0	0	10	20	30
85+	14	63	0	0	0	0	0	0	14	63	77
TOTALS	29	86	0	0	0	0	0	0	29	86	115

Holy Family Villa
12220 S. Will Cook Rd
Palos Park, IL. 60464

Classification Numbers

Facility ID	6004550	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Palos Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	32	0	0	54	1	115
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	32	0	0	54	1	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	114	0	0	0	114
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	8.00
Certified Aides	40.00
Other Health Staff	18.00
Non-Health Staff	62.00
Totals	147.00

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
40.4%	10.5%	0.0%	0.0%	49.1%	100.0%		
5,107,426	1,327,436	0	0	6,212,641	12,647,503	85,175	0.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Hoosier Care, Inc. d/b/a Exceptional Care & Traini
2601 Woodlawn Rd.
Sterling, IL. 61081

Reference Numbers

Facility ID	6002935	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

Administrator
Melissa J. Francque

Contact Person and Telephone
Nell Eakle
815-626-5820 x 302

Registered Agent Information
CT Corporation System
208 S. LaSalle St., Ste 814
Chicago, IL 60604

Date Questionnaire Completed 3/1/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	82
Total Admissions 2017	5
Total Discharges 2017	7
Residents on 12/31/2017	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	80
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
TOTALS	80

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	85	85	84	85	80	5		79
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	85	85	84	85	80	5	0	79

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			80	0.3%	0	0	0	0	80	0.3%	0.3%
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%
TOTALS	0	0.0%	80	0.3%	0	0	0	0	80	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	17	12	0	0	0	0	17	12	29
45 to 59	0	0	19	15	0	0	0	0	19	15	34
60 to 64	0	0	1	2	0	0	0	0	1	2	3
65 to 74	0	0	7	5	0	0	0	0	7	5	12
75 to 84	0	0	2	0	0	0	0	0	2	0	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	46	34	0	0	0	0	46	34	80

Hoosier Care, Inc. d/b/a Exceptional Care & Traini
2601 Woodlawn Rd.
Sterling, IL. 61081

Classification Numbers

Facility ID	6002935	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	80	0	0	0	0	80
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	80	0	0	0	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	9	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	71	0	0	71
Race Unknown	0	0	0	0	0
Total	0	80	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	5	0	0	5
Non-Hispanic	0	75	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	0	80	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.70
LPN's	12.80
Certified Aides	86.80
Other Health Staff	8.20
Non-Health Staff	20.60
Totals	135.10

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
0.0%	75.3%	24.2%	0.0%	0.5%	100.0%		
0	5,182,563	1,666,519	0	35,174	6,884,256	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HOPE CREEK CARE CENTER
4343 Kennedy Drive
East Moline, IL. 61244

Reference Numbers

Facility ID	6006761	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

Administrator
Cassandra Baker

Contact Person and Telephone
Cassandra Baker
309-796-6715

Registered Agent Information
Kenneth Maranda
1504 3rd Avenue
Rock Island, IL 61201

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	202
Total Admissions 2017	256
Total Discharges 2017	289
Residents on 12/31/2017	169

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	36
Mental Illness	33
Developmental Disability	1
Circulatory System	35
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	4
Other Medical Conditions	4
Non-Medical Conditions	1
TOTALS	169

Total Residents Diagnosed as Mentally Ill 33

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	245	245	209	245	169	76	245	245
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	245	245	209	245	169	76	245	245

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4533	5.1%	8832	9.9%	1080	128	5770	0	20343	22.7%	22.7%
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%
TOTALS	4533	5.1%	8832	9.9%	1080	128	5770	0	20343	22.7%	22.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	3	0	0	0	0	0	0	0	3	3
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	6	11	0	0	0	0	0	0	6	11	17
75 to 84	9	33	0	0	0	0	0	0	9	33	42
85+	15	89	0	0	0	0	0	0	15	89	104
TOTALS	31	138	0	0	0	0	0	0	31	138	169

HOPE CREEK CARE CENTER
4343 Kennedy Drive
East Moline, IL. 61244

Classification Numbers

Facility ID	6006761	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	109	10	0	39	0	169
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	109	10	0	39	0	169

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	163	0	0	0	163
Race Unknown	0	0	0	0	0
Total	169	0	0	0	169

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	158	0	0	0	158
Ethnicity Unknown	0	0	0	0	0
Total	169	0	0	0	169

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.90
Physicians	0.00
Director of Nursing	0.90
Registered Nurses	13.19
LPN's	19.16
Certified Aides	99.28
Other Health Staff	4.51
Non-Health Staff	73.88
Totals	211.82

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
10.0%	36.8%	4.9%	1.2%	47.0%	100.0%		
1,120,292	4,103,801	551,837	138,765	5,249,990	11,164,685	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Hopedale Nursing Home
2nd Street
Hopedale, IL. 61747

Reference Numbers

Facility ID	6004626	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Andrea Halley

Contact Person and Telephone
Andrea Halley
309-449-4939

Registered Agent Information

Date Questionnaire Completed 3/30/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	48
Total Admissions 2017	44
Total Discharges 2017	43
Residents on 12/31/2017	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	29
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	54	52	52	52	49	5	0	0
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	54	52	52	52	49	5	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	16609	1405	18014	91.4%	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%
TOTALS	0	0.0%	0	0.0%	0	0	16609	1405	18014	91.4%	94.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	5	3	0	0	0	0	0	0	5	3	8
85+	13	26	0	0	0	0	0	0	13	26	39
TOTALS	18	31	0	0	0	0	0	0	18	31	49

Hopedale Nursing Home
2nd Street
Hopedale, IL. 61747

Classification Numbers

Facility ID	6004626	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

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	46	3	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	46	3	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.50
Certified Aides	20.25
Other Health Staff	2.00
Non-Health Staff	0.75
Totals	35.50

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%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	3,174,346	3,174,346	211,816	6.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Hunt Terrace
1180 S Fourth Ave
Kankakee, IL. 60901

Reference Numbers

Facility ID	6012421	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Cynthia Lewis

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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
TOTALS	12

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	12	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	12	16	12	4	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			12	0.2%	0	0	0	0	12	0.2%	0.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	12	0.2%	0	0	0	0	12	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	1	0	0	3	1	4
45 to 59	0	0	0	0	1	4	0	0	1	4	5
60 to 64	0	0	0	0	1		0	0	1		
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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
TOTALS	0	0	0	0	5		0	0	5		

Hunt Terrace
1180 S Fourth Ave
Kankakee, IL. 60901

Classification Numbers

Facility ID	6012421	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	7	0	7
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	79.4%	2.6%	0.0%	18.1%	100.0%		
0	455,460	14,748	0	103,622	573,830	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

IL VETERANS' HOME AT LASALLE
1015 O'CONOR AVENUE
LaSalle, IL. 61301

Reference Numbers

Facility ID	6015481	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

Administrator
Sherri Whitmer

Contact Person and Telephone
Kelly Harsted
815-223-0303 ext. 201

Registered Agent Information
IDVA
833 SOUTH SPRING STREET
Springfield, IL 62794

Date Questionnaire Completed 3/2/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	178
Total Admissions 2017	115
Total Discharges 2017	118
Residents on 12/31/2017	175

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer 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
TOTALS	0

Total Residents Diagnosed as Mentally Ill 79

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	190	190	184	0	175	15	0	0
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	190	190	184	0	175	15	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	63875	0	0	63875	92.1%	92.1%
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%
TOTALS	0	0.0%	0	0.0%	0	63875	0	0	63875	92.1%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	25	0	0	0	0	0	0	0	25	0	25
75 to 84	38	0	0	0	0	0	0	0	38	0	38
85+	108	3	0	0	0	0	0	0	108	3	111
TOTALS	171	4	0	0	0	0	0	0	171	4	175

IL VETERANS' HOME AT LASALLE
1015 O'CONOR AVENUE
LaSalle, IL. 61301

Classification Numbers

Facility ID	6015481	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	5	170	0	0	175
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	5	170	0	0	175

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	173	0	0	0	173
Race Unknown	0	0	0	0	0
Total	175	0	0	0	175

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	175	0	0	0	175
Ethnicity Unknown	0	0	0	0	0
Total	175	0	0	0	175

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	31.00
LPN's	5.00
Certified Aides	83.50
Other Health Staff	33.00
Non-Health Staff	51.00
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
0.3%	0.0%	68.7%	0.0%	31.0%	100.0%		
32,443	0	7,720,856	3,839	3,484,310	11,241,448	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

9/1/2016 Facility discontinued 10 Nursing Care beds; facility now has 190 Nursing Care beds.

IL Veterans Home at Manteno
1 Veterans Drive
Manteno, IL. 60950

Reference Numbers

Facility ID	6014948	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Lester E. Robertson, Jr.

Contact Person and Telephone
Elaine Schwass
815-468-6581, ext 221

Registered Agent Information
IL Department of Veterans Affairs
833 S. Spring St.
Springfield, IL 62794

Date Questionnaire Completed 3/13/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	282
Total Admissions 2017	158
Total Discharges 2017	154
Residents on 12/31/2017	286

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	29
Alzheimer Disease	82
Mental Illness	69
Developmental Disability	0
Circulatory System	48
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	6
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	286

Total Residents Diagnosed as Mentally Ill 69

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	304	304	294	294	286	18	0	0
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	304	304	294	294	286	18	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	2	0	2
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	55	1	0	0	0	0	0	0	55	1	56
75 to 84	43	3	0	0	0	0	0	0	43	3	46
85+	163	16	0	0	0	0	0	0	163	16	179
TOTALS	266	20	0	0	0	0	0	0	266	20	286

IL Veterans Home at Manteno
1 Veterans Drive
Manteno, IL. 60950

Classification Numbers

Facility ID	6014948	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

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	286	0	286
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	286	0	286

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	23	0	0	0	23
Hawaiian/Pacific Isl.	0	0	0	0	0
White	261	0	0	0	261
Race Unknown	2	0	0	0	2
Total	286	0	0	0	286

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	284	0	0	0	284
Ethnicity Unknown	1	0	0	0	1
Total	286	0	0	0	286

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	0.00
Registered Nurses	47.00
LPN's	18.00
Certified Aides	146.50
Other Health Staff	29.00
Non-Health Staff	84.00
Totals	327.50

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
1.0%	0.0%	65.0%	0.2%	33.8%	100.0%		
174,942	0	11,501,186	40,347	5,985,031	17,701,506	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

9/1/2016 Facility discontinued 36 Nursing Care beds; facility now has 304 Nursing Care beds.

Illini Heritage
1315 Curt Drive. , Suite B
Champaign, IL. 61821

Reference Numbers

Facility ID	6004212	
Health Service Area	004	
Planning Service Area	019	Champaign
County	019	Champaign County

Administrator
Valerie Tinsman

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 4/5/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	49
Total Admissions 2017	45
Total Discharges 2017	46
Residents on 12/31/2017	48

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	9
*Nervous System Non Alzheimer	15
Alzheimer Disease	3
Mental Illness	3
Developmental Disability	1
Circulatory System	6
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	48

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	60	58	60	48	12	60	60
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	60	60	58	60	48	12	60	60

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	878	4.0%	13207	60.3%	0	2	3628	0	17715	80.9%	80.9%
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%
TOTALS	878	4.0%	13207	60.3%	0	2	3628	0	17715	80.9%	80.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	3	0	0	0	0	0	0	4	3	7
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	5	9	0	0	0	0	0	0	5	9	14
85+	3	10	0	0	0	0	0	0	3	10	13
TOTALS	17	31	0	0	0	0	0	0	17	31	48

Illini Heritage
1315 Curt Drive. , Suite B
Champaign, IL. 61821

Classification Numbers

Facility ID	6004212	
Health Service Area	004	
Planning Service Area	019	Champaign
County	019	Champaign County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	37	0	0	9	0	48
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	37	0	0	9	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pacific Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	0	0	0	0	0
Total	48	0	0	0	48

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	48	0	0	0	48

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	61.00

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
4.3%	74.0%	0.0%	0.1%	21.6%	100.0%		
108,445	1,869,255	0	2,756	544,357	2,524,813	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Illinois Presbyterian Home
2005 West Lawrence
Springfield, IL. 62704

Reference Numbers

Facility ID	6004709	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Kathleen Cross

Contact Person and Telephone
Kathleen Cross
217-546-5622

Registered Agent Information
Harvey Stephens
205 South 5th Street Suite 700
Springfield, IL 62701

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	55
Total Admissions 2017	17
Total Discharges 2017	20
Residents on 12/31/2017	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	15	10	6	10	6	9	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	73	67	55	67	46	27		
TOTAL BEDS	88	77	61	77	52	36	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	1258	785	2043	37.3%	56.0%
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	10243	6469	16712	62.7%	68.3%
TOTALS	0	0.0%	0	0.0%	0	0	11501	7254	18755	58.4%	66.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	1	3	1	3	4
85+	0	6	0	0	0	0	4	38	4	44	48
TOTALS	0	6	0	0	0	0	5	41	5	47	52

Illinois Presbyterian Home
2005 West Lawrence
Springfield, IL. 62704

Classification Numbers

Facility ID	6004709	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	6	0	6
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	46	0	46
TOTALS	0	0	0	0	52	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	1	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	51	51
Race Unknown	0	0	0	0	0
Total	0	0	0	52	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	52	52
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	52	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	6.00
Certified Aides	7.00
Other Health Staff	2.00
Non-Health Staff	14.00
Totals	32.00

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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	1,163,769	1,163,769	449,862	38.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Illinois Veterans Home - Quincy
1707 N. 12th Street
Quincy, IL. 62301

Reference Numbers

Facility ID	6015473	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

Administrator
Troy Culbertson

Contact Person and Telephone
Carla Trautvetter
217-222-8641 ext 203

Registered Agent Information
Illinois Department of Veterans' Affairs
833 S. Spring Street
Springfield, IL 62794

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	336
Total Admissions 2017	108
Total Discharges 2017	140
Residents on 12/31/2017	304

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	23
Blood Disorders	1
*Nervous System Non Alzheimer	37
Alzheimer Disease	9
Mental Illness	124
Developmental Disability	0
Circulatory System	84
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	304

Total Residents Diagnosed as Mentally Ill 124

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	386	0	0	386	304	82	0	0
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	386	0	0	386	304	82	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	10	0	0	10	0.0%	0.0%
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%
TOTALS	0	0.0%	0	0.0%	0	10	0	0	10	0.0%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	5	0	5
60 to 64	16	0	0	0	0	0	0	0	16	0	16
65 to 74	86	1	0	0	0	0	0	0	86	1	87
75 to 84	72	5	0	0	0	0	0	0	72	5	77
85+	95	24	0	0	0	0	0	0	95	24	119
TOTALS	274	30	0	0	0	0	0	0	274	30	304

Illinois Veterans Home - Quincy
1707 N. 12th Street
Quincy, IL. 62301

Classification Numbers

Facility ID	6015473	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	10	0	0	10
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	10	0	0	10

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	292	0	0	0	292
Race Unknown	0	0	0	0	0
Total	301	0	0	0	301

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	3	0	0	0	3

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	57.00
LPN's	29.00
Certified Aides	148.00
Other Health Staff	20.00
Non-Health Staff	218.00
Totals	476.00

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
1.5%	0.0%	66.9%	0.5%	31.2%	100.0%		
314,391	0	14,498,832	98,432	6,753,262	21,664,917	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Illinois Veterans Home Anna
792 N Main
Anna, IL. 62906

Reference Numbers

Facility ID	6014120	
Health Service Area	005	
Planning Service Area	181	Union
County	181	Union County

Administrator
Angela Simmons

Contact Person and Telephone
Angela Simmons
618-833-6302

Registered Agent Information
Illinois Department of Veterans Affairs Eri
833 S. Spring St
Springfield, IL 62794

Date Questionnaire Completed 3/30/2018

Life Care Facility

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	48
Total Admissions 2017	20
Total Discharges 2017	20
Residents on 12/31/2017	48

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	5
Mental Illness	25
Developmental Disability	0
Circulatory System	3
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	48

Total Residents Diagnosed as Mentally Ill 25

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	50	50	50	50	48	2	0	0
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	50	50	50	50	48	2	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	16636	0	16636	91.2%	91.2%
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%
TOTALS	0	0.0%	0	0.0%	0	0	16636	0	16636	91.2%	91.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	9	0	0	0	0	0	0	0	9	0	9
75 to 84	4	1	0	0	0	0	0	0	4	1	5
85+	31	2	0	0	0	0	0	0	31	2	33
TOTALS	45	3	0	0	0	0	0	0	45	3	48

Illinois Veterans Home Anna
792 N Main
Anna, IL. 62906

Classification Numbers

Facility ID	6014120	
Health Service Area	005	
Planning Service Area	181	Union
County	181	Union County

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	48	0	48
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	48	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	0	0	0	0	0
Total	48	0	0	0	48

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	6.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	73.00

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
0.0%	0.0%	79.9%	0.0%	20.1%	100.0%		
3,281	0	300,216,534	1,888	75,601,940	375,823,643	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Imboden Creek Living Center
180 W Imboden Dr
Decatur, IL. 62521

Reference Numbers

Facility ID	6012579	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
Molly A Carpenter

Contact Person and Telephone
Molly A Carpenter
217-422-6464

Registered Agent Information

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	77
Total Admissions 2017	136
Total Discharges 2017	137
Residents on 12/31/2017	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	0
Mental Illness	30
Developmental Disability	0
Circulatory System	14
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	76

Total Residents Diagnosed as Mentally Ill 30

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	95	79	79	79	76	19	95	95
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	95	79	79	79	76	19	95	95

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4417	12.7%	7255	20.9%	0	644	14882	0	27198	78.4%	94.3%
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%
TOTALS	4417	12.7%	7255	20.9%	0	644	14882	0	27198	78.4%	94.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	8	5	0	0	0	0	0	0	8	5	13
85+	11	51	0	0	0	0	0	0	11	51	62
TOTALS	20	56	0	0	0	0	0	0	20	56	76

Imboden Creek Living Center
180 W Imboden Dr
Decatur, IL. 62521

Classification Numbers

Facility ID	6012579	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	18	0	0	47	0	76
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	18	0	0	47	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	0	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	4.00
LPN's	14.00
Certified Aides	60.00
Other Health Staff	0.00
Non-Health Staff	45.00
Totals	128.00

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
26.1%	10.7%	0.0%	4.5%	58.7%	100.0%		
1,508,482	616,035	0	261,870	3,389,626	5,776,013	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Integrity HC of Wood River
393 Edwardsville Rd
Wood River, IL. 62095

Reference Numbers

Facility ID	6009534	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Carla Riva

Contact Person and Telephone
Carla Riva
618-259-4111

Registered Agent Information
Jennifer Miller- Louw
2015 West Main, Ste 111
Carbondale, IL 62901

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	83
Total Admissions 2017	103
Total Discharges 2017	99
Residents on 12/31/2017	87

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	6
Mental Illness	11
Developmental Disability	0
Circulatory System	9
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	43
Non-Medical Conditions	0
TOTALS	83

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	106	100	83	100	83	23	106	106
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	106	100	83	100	83	23	106	106

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3106	8.0%	19605	50.7%	0	0	0	6038	28749	74.3%	78.8%
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%
TOTALS	3106	8.0%	19605	50.7%	0	0	0	6038	28749	74.3%	78.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	3	0	0	0	0	0	0	2	3	5
45 to 59	8	3	0	0	0	0	0	0	8	3	11
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	7	12	0	0	0	0	0	0	7	12	19
75 to 84	8	10	0	0	0	0	0	0	8	10	18
85+	6	15	0	0	0	0	0	0	6	15	21
TOTALS	36	47	0	0	0	0	0	0	36	47	83

Integrity HC of Wood River
393 Edwardsville Rd
Wood River, IL. 62095

Classification Numbers

Facility ID	6009534	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	64	0	0	10	0	83
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	64	0	0	10	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	9.00
Certified Aides	29.00
Other Health Staff	9.00
Non-Health Staff	14.00
Totals	68.00

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
30.3%	53.0%	1.3%	15.4%	0.0%	100.0%		
1,628,238	2,854,163	67,511	831,105	0	5,381,017	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Integrity Healthcare of Alton
3523 WICKENHAUSER
Alton, IL. 62002

Reference Numbers

Facility ID	6002778	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Cassandra Lindow

Contact Person and Telephone
Cassandra Lindow
618-465-8887

Registered Agent Information
Jennifer Miller-Louw
2015 West Main Street Suite 111
Carbondale, IL 62901

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	91
Total Admissions 2017	88
Total Discharges 2017	95
Residents on 12/31/2017	84

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	15
Developmental Disability	0
Circulatory System	17
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	5
Other Medical Conditions	14
Non-Medical Conditions	5
TOTALS	84

Total Residents Diagnosed as Mentally Ill 70

Total Residents Reported as Identified Offenders 15

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	181	0	0	0	84	97	132	181
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	181	0	0	0	84	97	132	181

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2749	5.7%	18766	28.4%	5905	40	3832	0	31292	47.4%	0.0%
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%
TOTALS	2749	5.7%	18766	28.4%	5905	40	3832	0	31292	47.4%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	9	6	0	0	0	0	0	0	9	6	15
60 to 64	8	6	0	0	0	0	0	0	8	6	14
65 to 74	11	16	0	0	0	0	0	0	11	16	27
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	3	7	0	0	0	0	0	0	3	7	10
TOTALS	39	45	0	0	0	0	0	0	39	45	84

Integrity Healthcare of Alton
3523 WICKENHAUSER
Alton, IL. 62002

Classification Numbers

Facility ID	6002778	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	52	12	0	11	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	52	12	0	11	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	9.00
Certified Aides	31.00
Other Health Staff	2.00
Non-Health Staff	31.00
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
27.5%	63.4%	0.0%	0.8%	8.4%	100.0%		
1,700,979	3,926,633	0	48,589	518,852	6,195,053	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/14/2016 Formerly Eldercare of Alton and Alton Rehab and Nursing Center.

Integrity Healthcare of Anna
315 Brady Mill Road
Anna , IL. 62906

Reference Numbers

Facility ID	6001788	
Health Service Area	005	
Planning Service Area	181	Union
County	181	Union County

Administrator
Kristi Karch

Contact Person and Telephone
Kristi Karch
618-833-6343

Registered Agent Information
Jennifer Miller-Louw
2015 West Main Street, Suite 111
Carbondale, IL 62901

Date Questionnaire Completed 6/1/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	59
Total Admissions 2017	75
Total Discharges 2017	80
Residents on 12/31/2017	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	6
Mental Illness	9
Developmental Disability	1
Circulatory System	15
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	54

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	70	70	61	70	54	16	70	70
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	70	70	61	70	54	16	70	70

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2577	10.1%	10433	40.8%	0	241	4862	0	18113	70.9%	70.9%
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%
TOTALS	2577	10.1%	10433	40.8%	0	241	4862	0	18113	70.9%	70.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	7	18	0	0	0	0	0	0	7	18	25
TOTALS	17	37	0	0	0	0	0	0	17	37	54

Integrity Healthcare of Anna
315 Brady Mill Road
Anna , IL. 62906

Classification Numbers

Facility ID	6001788	
Health Service Area	005	
Planning Service Area	181	Union
County	181	Union County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	29	0	3	7	0	54
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	29	0	3	7	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	54	0	0	0	54
Ethnicity Unknown	0	0	0	0	0
Total	54	0	0	0	54

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	9.00
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	61.00

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
39.3%	35.7%	0.0%	5.3%	19.6%	100.0%		
1,427,360	1,297,025	0	192,420	713,134	3,629,939	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/14/2016 Formerly City Care Center and Anna Rehab and Nursing Center.

Integrity Healthcare of Belleville
727 North 17th Street
Belleville, IL. 62226

Reference Numbers

Facility ID	6001341	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Mary Garcia

Contact Person and Telephone
DeeDee Garcia
618-234-3323

Registered Agent Information
Lawrence Schwartz
8170 McCormick Blvd
Skokie, IL 60076

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	84
Total Admissions 2017	93
Total Discharges 2017	71
Residents on 12/31/2017	106

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	14
Blood Disorders	1
*Nervous System Non Alzheimer	14
Alzheimer Disease	2
Mental Illness	55
Developmental Disability	2
Circulatory System	1
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	106

Total Residents Diagnosed as Mentally Ill 92

Total Residents Reported as Identified Offenders 12

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	180	172	106	172	106	74	135	180
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	180	172	106	172	106	74	135	180

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1253	2.5%	32175	49.0%	0	42	914	0	34384	52.3%	54.8%
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%
TOTALS	1253	2.5%	32175	49.0%	0	42	914	0	34384	52.3%	54.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	4	0	0	0	0	0	0	5	4	9
45 to 59	32	8	0	0	0	0	0	0	32	8	40
60 to 64	13	6	0	0	0	0	0	0	13	6	19
65 to 74	14	9	0	0	0	0	0	0	14	9	23
75 to 84	4	7	0	0	0	0	0	0	4	7	11
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	69	37	0	0	0	0	0	0	69	37	106

Integrity Healthcare of Belleville
727 North 17th Street
Belleville, IL. 62226

Classification Numbers

Facility ID	6001341	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	81	22	0	2	0	106
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	81	22	0	2	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	44	0	0	0	44
Hawaiian/Pacific Isl.	1	0	0	0	1
White	59	0	0	0	59
Race Unknown	1	0	0	0	1
Total	106	0	0	0	106

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	1	0	0	0	1
Total	2	0	0	0	2

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	14.00
Certified Aides	29.00
Other Health Staff	2.00
Non-Health Staff	29.00
Totals	77.00

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
14.6%	79.9%	0.0%	0.3%	5.2%	100.0%		
785,259	4,290,418	0	17,353	279,641	5,372,671	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Integrity Healthcare of Carbondale
120 N. Tower Rd.
Carbondale, IL. 62901

Reference Numbers

Facility ID	6009203	
Health Service Area	005	
Planning Service Area	077	Jackson
County	077	Jackson County

Administrator
Teresa McIlrath

Contact Person and Telephone
Teresa McIlrath
618-549-3355

Registered Agent Information
Lawrence Schwartz
8170 N. McCormick Blvd. Suite 219
Skokie, IL 60076

Date Questionnaire Completed 5/14/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	76
Total Admissions 2017	74
Total Discharges 2017	76
Residents on 12/31/2017	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	4
Mental Illness	16
Developmental Disability	1
Circulatory System	6
Respiratory System	14
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	3
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 16

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	131	131	81	131	74	57	131	131
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	131	131	81	131	74	57	131	131

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2622	5.5%	18508	38.7%	0	79	4022	0	25231	52.8%	52.8%
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%
TOTALS	2622	5.5%	18508	38.7%	0	79	4022	0	25231	52.8%	52.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	5	6	0	0	0	0	0	0	5	6	11
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	10	9	0	0	0	0	0	0	10	9	19
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	3	15	0	0	0	0	0	0	3	15	18
TOTALS	32	42	0	0	0	0	0	0	32	42	74

Integrity Healthcare of Carbondale
120 N. Tower Rd.
Carbondale, IL. 62901

Classification Numbers

Facility ID	6009203	
Health Service Area	005	
Planning Service Area	077	Jackson
County	077	Jackson County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	58	0	1	4	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	58	0	1	4	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	7.00
Certified Aides	15.00
Other Health Staff	20.00
Non-Health Staff	30.00
Totals	75.00

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
29.2%	56.7%	0.0%	0.8%	13.3%	100.0%		
1,364,286	2,648,062	0	39,664	622,262	4,674,274	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/14/2016 Formerly Oak Grove Rehab and Skilled Care and Carbondale Rehab and Nursing Center.

Integrity Healthcare of Columbia
253 Bradington Drive
Columbia, IL. 62236

Reference Numbers

Facility ID	6013106	
Health Service Area	011	
Planning Service Area	133	Monroe
County	133	Monroe County

Administrator
Rebecca Garcia

Contact Person and Telephone
Rebecca Garcia
618-281-6800

Registered Agent Information
Jennifer Miller-Louw
2015 W. Main Street, Ste 111
Carbondale, IL 62901

Date Questionnaire Completed 6/4/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	100
Total Admissions 2017	120
Total Discharges 2017	135
Residents on 12/31/2017	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	9
Mental Illness	1
Developmental Disability	1
Circulatory System	22
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	119	119	85	119	85	34	119	119
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	119	119	85	119	85	34	119	119

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4303	9.9%	15103	34.8%	0	437	10190	0	30033	69.1%	69.1%
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%
TOTALS	4303	9.9%	15103	34.8%	0	437	10190	0	30033	69.1%	69.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	1	3	4
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	7	37	0	0	0	0	0	0	7	37	44
TOTALS	20	65	0	0	0	0	0	0	20	65	85

Integrity Healthcare of Columbia
253 Bradington Drive
Columbia, IL. 62236

Classification Numbers

Facility ID	6013106	
Health Service Area	011	
Planning Service Area	133	Monroe
County	133	Monroe County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	40	0	0	28	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	40	0	0	28	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	1	0	0	0	1
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	11.00
Certified Aides	23.00
Other Health Staff	4.00
Non-Health Staff	20.00
Totals	63.00

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
31.6%	52.7%	0.0%	0.8%	15.0%	100.0%		
574,051	957,821	0	14,363	272,540	1,818,775	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/14/2016 Formerly Columbia Convalescent Center and Columbia Rehab and Nursing Center.

Integrity Healthcare of Godfrey
1623-29 W. Delmar Avenue
Godfrey, IL. 62035

Reference Numbers

Facility ID	6001028	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Barbara Varwig

Contact Person and Telephone
Baarbara Varwig
618-466-0443

Registered Agent Information

Date Questionnaire Completed 1/3/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	54
Total Admissions 2017	91
Total Discharges 2017	86
Residents on 12/31/2017	59

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	17
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	5
Digestive System	6
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	54

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	68	64	54	64	54	14	68	68
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	68	64	54	64	54	14	68	68

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1315	5.3%	359	1.4%	0	0	337	0	2011	8.1%	8.6%
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%
TOTALS	1315	5.3%	359	1.4%	0	0	337	0	2011	8.1%	8.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	1	0	0	0	0	0	0	0	1	0	1
18 to 44	3	0	0	0	0	0	0	0	3	0	3
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	7	6	0	0	0	0	0	0	7	6	13
85+	0	16	0	0	0	0	0	0	0	16	16
TOTALS	21	33	0	0	0	0	0	0	21	33	54

Integrity Healthcare of Godfrey
1623-29 W. Delmar Avenue
Godfrey, IL. 62035

Classification Numbers

Facility ID	6001028	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	53	48	0	26	0	0	127
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	53	48	0	26	0	0	127

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	21.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	46.00

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
34.9%	52.5%	0.0%	1.8%	10.9%	100.0%		
1,389,328	2,092,509	0	70,737	433,652	3,986,226	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Integrity Healthcare of Herrin
1900 North Park Avenue
Herrin, IL. 62948

Reference Numbers

Facility ID	6003362	
Health Service Area	005	
Planning Service Area	199	Williamson
County	199	Williamson County

Administrator
Lauriel Wingerter

Contact Person and Telephone
Lauriel Wingerter
618-942-2525

Registered Agent Information

Date Questionnaire Completed 5/21/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	33
Total Admissions 2017	100
Total Discharges 2017	90
Residents on 12/31/2017	43

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	8
Developmental Disability	0
Circulatory System	16
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	43

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	47	43	47	43	6	0	49
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	49	47	43	47	43	6	0	49

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2284	0.0%	4299	24.0%	0	2	641	0	7226	40.4%	42.1%
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%
TOTALS	2284	0.0%	4299	24.0%	0	2	641	0	7226	40.4%	42.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	8	0	0	0	0	0	0	4	8	12
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	1	5	0	0	0	0	0	0	1	5	6
TOTALS	16	27	0	0	0	0	0	0	16	27	43

Integrity Healthcare of Herrin
1900 North Park Avenue
Herrin, IL. 62948

Classification Numbers

Facility ID	6003362	
Health Service Area	005	
Planning Service Area	199	Williamson
County	199	Williamson County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	33	0	0	4	0	43
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	33	0	0	4	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	43	0	0	0	43
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	0	43

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.40
LPN's	2.20
Certified Aides	8.80
Other Health Staff	0.00
Non-Health Staff	9.00
Totals	23.40

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
45.7%	47.1%	0.0%	0.0%	7.2%	100.0%		
1,134,684	1,170,887	0	435	179,124	2,485,130	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/14/2016 Formerly Friendship Care Center and Herrin Rehab and Nursing Center.

Integrity Healthcare of Marion
1301 E. DeYoung St
Marion, IL. 62959

Reference Numbers

Facility ID	6003230	
Health Service Area	005	
Planning Service Area	199	Williamson
County	199	Williamson County

Administrator
Sherry Belcher

Contact Person and Telephone
Sherry Belcher
618-997-1365

Registered Agent Information
Jennifer Miller-Louw
2015 W. Main st. Suite 111
Carbonale, IL 62901

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	71
Total Admissions 2017	139
Total Discharges 2017	131
Residents on 12/31/2017	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	10
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 39

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	125	125	0	125	79	46	125	125
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	125	125	0	125	79	46	125	125

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4079	8.9%	19095	41.9%	0	553	4305	0	28032	61.4%	61.4%
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%
TOTALS	4079	8.9%	19095	41.9%	0	553	4305	0	28032	61.4%	61.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	6	8	0	0	0	0	0	0	6	8	14
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	8	11	0	0	0	0	0	0	8	11	19
75 to 84	8	11	0	0	0	0	0	0	8	11	19
85+	5	13	0	0	0	0	0	0	5	13	18
TOTALS	31	48	0	0	0	0	0	0	31	48	79

Integrity Healthcare of Marion
1301 E. DeYoung St
Marion, IL. 62959

Classification Numbers

Facility ID	6003230	
Health Service Area	005	
Planning Service Area	199	Williamson
County	199	Williamson County

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	60	0	1	8	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	60	0	1	8	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	1	0	0	0	1
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	15.00
Certified Aides	26.00
Other Health Staff	2.00
Non-Health Staff	36.00
Totals	86.00

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
39.0%	39.9%	0.0%	4.2%	16.9%	100.0%		
2,250,381	2,299,503	0	242,581	976,081	5,768,546	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/14/2016 Formerly The Fountains and Marion Rehab and Nursing Center.

Integrity of Cobden
430 South Front St.
Cobden, IL. 62920

Reference Numbers

Facility ID	6004469	
Health Service Area	005	
Planning Service Area	181	Union
County	181	Union County

Administrator
Baleigh Parmly-Simmons

Contact Person and Telephone
Baleigh Parmly-Simmons
618-893-4214

Registered Agent Information
Lawrence Swartz
8170 N. McCormick Blvd Suite 219
Skokie, IL 60076

Date Questionnaire Completed 4/16/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	63
Total Admissions 2017	26
Total Discharges 2017	31
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	41
Developmental Disability	0
Circulatory System	0
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	55

Total Residents Diagnosed as Mentally Ill 41

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	74	72	63	72	55	19	10	74
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	74	72	63	72	55	19	10	74

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	909	24.9%	16606	61.5%	1821	0	1864	0	21200	78.5%	80.7%
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%
TOTALS	909	24.9%	16606	61.5%	1821	0	1864	0	21200	78.5%	80.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	0	0	0	0	0	0	3	4	7
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	9	12	0	0	0	0	0	0	9	12	21
75 to 84	13	4	0	0	0	0	0	0	13	4	17
85+	0	3	0	0	0	0	0	0	0	3	3
TOTALS	29	26	0	0	0	0	0	0	29	26	55

Integrity of Cobden
430 South Front St.
Cobden, IL. 62920

Classification Numbers

Facility ID	6004469	
Health Service Area	005	
Planning Service Area	181	Union
County	181	Union County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	44	7	0	4	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	44	7	0	4	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	9.00
Other Health Staff	10.00
Non-Health Staff	15.00
Totals	45.00

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
18.9%	63.6%	9.8%	0.0%	7.7%	100.0%		
566,410	1,910,476	294,906	0	230,657	3,002,449	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/14/2016 Formerly City Care Center of Cobden and Cobden Rehab and Nursing Center.

Integrity of Smithton
107 South Lincoln St
Smithton , IL. 62285

Reference Numbers

Facility ID	6007116	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Chad Foster

Contact Person and Telephone
Chad Foster
618-235-4600

Registered Agent Information

Date Questionnaire Completed 5/10/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	84
Total Admissions 2017	28
Total Discharges 2017	32
Residents on 12/31/2017	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	75
Developmental Disability	0
Circulatory System	1
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
TOTALS	80

Total Residents Diagnosed as Mentally Ill 75

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	101	0	0	0	0	101	0	101
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	101	0	0	0	0	101	0	101

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	833	0	833	2.3%	0.0%
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%
TOTALS	0	0.0%	0	0.0%	0	0	833	0	833	2.3%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	2	0	0	0	0	0	0	1	2	3
45 to 59	20	10	0	0	0	0	0	0	20	10	30
60 to 64	11	5	0	0	0	0	0	0	11	5	16
65 to 74	7	12	0	0	0	0	0	0	7	12	19
75 to 84	4	6	0	0	0	0	0	0	4	6	10
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	43	37	0	0	0	0	0	0	43	37	80

Integrity of Smithton
107 South Lincoln St
Smithton , IL. 62285

Classification Numbers

Facility ID	6007116	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	73	1	1	5	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	73	1	1	5	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.50
LPN's	4.00
Certified Aides	21.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	29.50

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%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Iona Glos Specialized Living Center
50 S. Fairbank St.
Addison, IL. 60101

Reference Numbers

Facility ID	6004782	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Addison Township

Administrator
Marianne Hickey-Scaccia

Contact Person and Telephone
Catherine Campos
630-543-2440

Registered Agent Information

Date Questionnaire Completed 5/30/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	93
Total Admissions 2017	3
Total Discharges 2017	7
Residents on 12/31/2017	89

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	89
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
TOTALS	89

Total Residents Diagnosed as Mentally Ill 56

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	100	100	96	100	89	11		100
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	96	100	89	11	0	100

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			365	1.0%	0	0	59	0	424	1.2%	1.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	365	1.0%	0	0	59	0	424	1.2%	1.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	18	12	0	0	18	12	30
60 to 64	0	0	0	0	12	12	0	0	12	12	24
65 to 74	0	0	0	0	9	8	0	0	9	8	17
75 to 84	0	0	0	0	7	2	0	0	7	2	9
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	52	37	0	0	52	37	89

Iona Glos Specialized Living Center
50 S. Fairbank St.
Addison, IL. 60101

Classification Numbers

Facility ID	6004782	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Addison Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		89	0	0	0	0	89
Sheltered Care			0	0	0	0	0
TOTALS	0	89	0	0	0	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	3	0	3
American Indian	0	0	0	0	0
Black	0	0	13	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	73	0	73
Race Unknown	0	0	0	0	0
Total	0	0	89	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	86	0	86
Ethnicity Unknown	0	0	0	0	0
Total	0	0	89	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	4.00
Certified Aides	26.00
Other Health Staff	16.00
Non-Health Staff	7.20
Totals	59.20

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
0.0%	82.7%	2.1%	0.0%	15.2%	100.0%		
0	4,836,909	121,653	0	889,395	5,847,957	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Iroquois Resident Home
200 E. Fairman Ave.
Watseka, IL. 60970

Reference Numbers

Facility ID	6004790	
Health Service Area	004	
Planning Service Area	075	Iroquois
County	075	Iroquois County

Administrator
Jeff Petersen

Contact Person and Telephone
Jeff Petersen
815-432-7720

Registered Agent Information
Ross Sorensen
130 W. Cherry St.
Watseka, IL 60970

Date Questionnaire Completed 4/13/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	28
Total Admissions 2017	136
Total Discharges 2017	132
Residents on 12/31/2017	32

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	32

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	44	35	35	35	32	12	42	4
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	44	35	35	35	32	12	42	4

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1691	11.0%	1741	######	0	1988	4609	0	10029	62.4%	78.5%
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%
TOTALS	1691	11.0%	1741	######	0	1988	4609	0	10029	62.4%	78.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	4	1	0	0	0	0	0	0	4	1	5
85+	4	21	0	0	0	0	0	0	4	21	25
TOTALS	8	24	0	0	0	0	0	0	8	24	32

Iroquois Resident Home
200 E. Fairman Ave.
Watseka, IL. 60970

Classification Numbers

Facility ID	6004790	
Health Service Area	004	
Planning Service Area	075	Iroquois
County	075	Iroquois County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	5	0	1	20	0	32
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	5	0	1	20	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	1	0	0	0	1
White	31	0	0	0	31
Race Unknown	0	0	0	0	0
Total	32	0	0	0	32

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	32	0	0	0	32
Ethnicity Unknown	0	0	0	0	0
Total	32	0	0	0	32

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	5.60
Certified Aides	14.10
Other Health Staff	3.30
Non-Health Staff	5.20
Totals	34.20

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
24.3%	11.4%	0.0%	1.9%	62.5%	100.0%		
505,524	236,927	0	38,884	1,301,978	2,083,313	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Jacksonville Skilled Nursing And Rehabilitation C
1517 West. Walnut St.
Jacksonville, IL. 62650

Reference Numbers

Facility ID	6004840	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	137	Morgan County

Administrator
Kevin R.Meals

Contact Person and Telephone
Kevin R.Meals
217-243-6451

Registered Agent Information
Jennifer Miller-Lown
2015 West Main Street
Carbondale , IL 62901

Date Questionnaire Completed 3/14/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	78
Total Admissions 2017	226
Total Discharges 2017	234
Residents on 12/31/2017	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	11
Mental Illness	12
Developmental Disability	0
Circulatory System	13
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	9
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	78

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	88	88	88	88	78	10	27	88
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	88	88	88	88	78	10	27	88

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4163	42.2%	15228	47.4%	199	812	7436	0	27838	86.7%	86.7%
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%
TOTALS	4163	42.2%	15228	47.4%	199	812	7436	0	27838	86.7%	86.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	2	15	0	0	0	0	0	0	2	15	17
85+	8	45	0	0	0	0	0	0	8	45	53
TOTALS	13	65	0	0	0	0	0	0	13	65	78

Jacksonville Skilled Nursing And Rehabilitation C
1517 West. Walnut St.
Jacksonville, IL. 62650

Classification Numbers

Facility ID	6004840	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	137	Morgan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	42	1	2	19	0	78
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	42	1	2	19	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	14.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	24.00
Totals	73.00

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
40.5%	34.1%	0.0%	4.5%	20.8%	100.0%		
2,633,453	2,215,116	0	292,147	1,353,709	6,494,425	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Jacobs Home
6300 N. Ridge Avenue
Chicago, IL. 60660

Reference Numbers

Facility ID	6016828	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Megan Polydoris

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Avenue
Chicago, IL 60660

Date Questionnaire Completed 3/27/2018

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	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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	5
Total Discharges 2017	6
Residents on 12/31/2017	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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
TOTALS	14

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	14	1		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	14	1	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4912	#Div/0!	0	0	0	0	4912	89.7%	89.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4912	0.0%	0	0	0	0	4912	89.7%	89.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	1	0	0	0	1	1
45 to 59	0	0	0	0	0	11	0	0	0	11	11
60 to 64	0	0	0	0	0	2	0	0	0	2	2
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
TOTALS	0	0	0	0	0	14	0	0	0	14	14

Jacobs Home
6300 N. Ridge Avenue
Chicago, IL. 60660

Classification Numbers

Facility ID	6016828	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.36
Physicians	0.09
Director of Nursing	0.25
Registered Nurses	0.71
LPN's	0.75
Certified Aides	14.07
Other Health Staff	4.47
Non-Health Staff	6.24
Totals	26.94

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
0.0%	82.5%	0.0%	0.0%	17.5%	100.0%		
0	793,537	0	0	167,877	961,414	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Jennings Terrace
275 S LaSalle Street
Aurora, IL. 60505

Reference Numbers

Facility ID	6004899	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Cathy Flanagan

Contact Person and Telephone
Cathy Flanagan
630-897-6947

Registered Agent Information
Jon Biertz
275 S LaSalle Street
Aurora, IL 60505

Date Questionnaire Completed 4/12/2018

Continuing Care Retirement Community

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	106
Total Admissions 2017	90
Total Discharges 2017	94
Residents on 12/31/2017	102

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	16
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	8
Circulatory System	50
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	102

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	60	60	60	50	10	0	12
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	103	103	66	103	52	51		
TOTAL BEDS	163	163	126	163	102	61	0	12

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	4268	97.4%	0	0	15135	0	19403	88.6%	88.6%
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	20182	0	20182	53.7%	53.7%
TOTALS	0	0.0%	4268	97.4%	0	0	35317	0	39585	66.5%	66.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	4	0	4
60 to 64	0	1	0	0	0	0	2	3	2	4	6
65 to 74	2	3	0	0	0	0	7	2	9	5	14
75 to 84	4	7	0	0	0	0	4	3	8	10	18
85+	5	24	0	0	0	0	7	24	12	48	60
TOTALS	12	35	0	0	0	0	23	32	35	67	102

Jennings Terrace
275 S LaSalle Street
Aurora, IL. 60505

Classification Numbers

Facility ID	6004899	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	10	0	0	40	0	50
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	52	0	52
TOTALS	0	10	0	0	92	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	1	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	51	100
Race Unknown	0	0	0	0	0
Total	50	0	0	52	102

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	2	2
Non-Hispanic	50	0	0	50	100
Ethnicity Unknown	0	0	0	0	0
Total	50	0	0	52	102

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.45
Certified Aides	21.00
Other Health Staff	6.30
Non-Health Staff	27.50
Totals	65.25

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
0.0%	8.9%	0.0%	0.0%	91.1%	100.0%		
0	437,804	0	0	4,477,040	4,914,844	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Jerseyville Manor
1251 N State
Jerseyville, IL. 62052

Reference Numbers

Facility ID	6013312	
Health Service Area	003	
Planning Service Area	083	Jersey
County	083	Jersey County

Administrator
Dana Bainter

Contact Person and Telephone
Dana Bainter
618-498-6441

Registered Agent Information
J Michael Bibo
285 S Farnham Street
Galesburg, IL 61401

Date Questionnaire Completed 3/20/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	127
Total Admissions 2017	212
Total Discharges 2017	209
Residents on 12/31/2017	130

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	19
Mental Illness	21
Developmental Disability	0
Circulatory System	15
Respiratory System	7
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	21
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	130

Total Residents Diagnosed as Mentally Ill 21

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	160	160	139	160	130	30	160	160
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	160	160	139	160	130	30	160	160

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7367	12.6%	24399	41.8%	1423	766	12611	0	46566	79.7%	79.7%
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%
TOTALS	7367	12.6%	24399	41.8%	1423	766	12611	0	46566	79.7%	79.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	1	0	0	0	0	0	0	0	1	1
65 to 74	8	10	0	0	0	0	0	0	8	10	18
75 to 84	17	30	0	0	0	0	0	0	17	30	47
85+	15	47	0	0	0	0	0	0	15	47	62
TOTALS	41	89	0	0	0	0	0	0	41	89	130

Jerseyville Manor
1251 N State
Jerseyville, IL. 62052

Classification Numbers

Facility ID	6013312	
Health Service Area	003	
Planning Service Area	083	Jersey
County	083	Jersey County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	63	4	2	38	0	130
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	63	4	2	38	0	130

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	0	0	0	0	0
Total	130	0	0	0	130

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	129	0	0	0	129
Ethnicity Unknown	0	0	0	0	0
Total	130	0	0	0	130

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	21.00
Certified Aides	64.00
Other Health Staff	8.00
Non-Health Staff	46.00
Totals	152.00

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
43.7%	35.4%	1.4%	0.3%	19.3%	100.0%		
4,601,077	3,726,933	144,252	27,416	2,036,458	10,536,136	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Jerseyville Nursing & Rehab Center
1001 South State Street
Jerseyville, IL. 62052

Reference Numbers

Facility ID	6004907	
Health Service Area	003	
Planning Service Area	083	Jersey
County	083	Jersey County

Administrator
Suzanne Boston

Contact Person and Telephone
Suzanne Boston
618-498-6496

Registered Agent Information
Business Filing Incorporated
118 West Edwards, Suite 200
Springfield, IL 62704

Date Questionnaire Completed 4/9/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	93
Total Admissions 2017	168
Total Discharges 2017	178
Residents on 12/31/2017	83

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System Non Alzheimer	7
Alzheimer Disease	1
Mental Illness	6
Developmental Disability	0
Circulatory System	21
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	12
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	83

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	111	111	90	111	83	28	111	111
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	111	111	90	111	83	28	111	111

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4965	12.3%	16166	39.9%	0	595	9977	0	31703	78.3%	78.3%
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%
TOTALS	4965	12.3%	16166	39.9%	0	595	9977	0	31703	78.3%	78.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	5	15	0	0	0	0	0	0	5	15	20
85+	6	42	0	0	0	0	0	0	6	42	48
TOTALS	17	66	0	0	0	0	0	0	17	66	83

Jerseyville Nursing & Rehab Center
1001 South State Street
Jerseyville, IL. 62052

Classification Numbers

Facility ID	6004907	
Health Service Area	003	
Planning Service Area	083	Jersey
County	083	Jersey County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	39	0	0	31	0	83
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	39	0	0	31	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	8.00
Certified Aides	44.00
Other Health Staff	3.00
Non-Health Staff	28.00
Totals	91.00

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
39.3%	33.2%	1.9%	3.7%	21.9%	100.0%		
2,631,000	2,226,000	130,000	245,000	1,463,000	6,695,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

JOHN C PROCTOR ENDOWMENT
2724 W RESERVOIR BLVD
Peoria, IL. 61615

Reference Numbers

Facility ID	6007611	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

Administrator
DONNA MALONE

Contact Person and Telephone
DONNA MALONE
309-685-6580

Registered Agent Information

Date Questionnaire Completed 4/10/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	54
Total Admissions 2017	92
Total Discharges 2017	89
Residents on 12/31/2017	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	5
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	59	59	57	59	57	2	59	0
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	59	59	57	59	57	2	59	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	15280	3892	19172	89.0%	89.0%
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%
TOTALS	0	0.0%	0	0.0%	0	0	15280	3892	19172	89.0%	89.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	13	38	0	0	0	0	0	0	13	38	51
TOTALS	14	43	0	0	0	0	0	0	14	43	57

JOHN C PROCTOR ENDOWMENT
2724 W RESERVOIR BLVD
Peoria, IL. 61615

Classification Numbers

Facility ID	6007611	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	46	11	57
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	46	11	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.70
LPN's	6.80
Certified Aides	19.80
Other Health Staff	3.00
Non-Health Staff	0.00
Totals	38.30

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%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	2,355,401	2,355,401	474,317	20.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Joliet Terrace
2230 MCDONOUGH STREET
Joliet, IL. 60436

Reference Numbers

Facility ID	6004964	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Amy Wallace

Contact Person and Telephone
Amy Wallace
815-729-3801

Registered Agent Information
Tom Hein - TM Management
1 South 443 Summit Avenue
Oakbrook Terrace, IL 60181

Date Questionnaire Completed 4/5/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	113
Total Admissions 2017	38
Total Discharges 2017	38
Residents on 12/31/2017	113

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	28
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	106
Developmental Disability	4
Circulatory System	61
Respiratory System	23
Digestive System	43
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	31
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	322

Total Residents Diagnosed as Mentally Ill 107

Total Residents Reported as Identified Offenders 12

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	120	120	113	7	0	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	120	120	113	7	0	120

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	38351	87.6%	0	0	59	0	38410	87.7%	87.7%
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%
TOTALS	0	0.0%	38351	87.6%	0	0	59	0	38410	87.7%	87.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	5	0	0	0	0	0	0	9	5	14
45 to 59	30	18	0	0	0	0	0	0	30	18	48
60 to 64	19	9	0	0	0	0	0	0	19	9	28
65 to 74	6	15	0	0	0	0	0	0	6	15	21
75 to 84	0	2	0	0	0	0	0	0	0	2	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	64	49	0	0	0	0	0	0	64	49	113

Joliet Terrace
2230 MCDONOUGH STREET
Joliet, IL. 60436

Classification Numbers

Facility ID	6004964	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	113	0	0	0	0	113
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	113	0	0	0	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	1	0	0	0	1
Black	29	0	0	0	29
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	112	0	0	0	112
Ethnicity Unknown	0	0	0	0	0
Total	113	0	0	0	113

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	5.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	34.00
Totals	51.00

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
0.0%	99.8%	0.0%	0.0%	0.2%	100.0%		
0	3,974,446	0	0	7,729	3,982,175	1,663	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Jonesboro Rehab & HCC
995 State Route 127 South, PO Box B
Jonesboro, IL. 62952

Reference Numbers

Facility ID	6005433	
Health Service Area	005	
Planning Service Area	181	Union
County	181	Union County

Administrator
Tracey Johnson

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/20/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	45
Total Admissions 2017	61
Total Discharges 2017	64
Residents on 12/31/2017	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	17
Mental Illness	2
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	77	77	49	77	42	35	19	77
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	77	77	49	77	42	35	19	77

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1556	22.4%	12621	44.9%	0	0	1845	0	16022	57.0%	57.0%
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%
TOTALS	1556	22.4%	12621	44.9%	0	0	1845	0	16022	57.0%	57.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	3	2	5
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	2	8	0	0	0	0	0	0	2	8	10
85+	1	14	0	0	0	0	0	0	1	14	15
TOTALS	11	31	0	0	0	0	0	0	11	31	42

Jonesboro Rehab & HCC
995 State Route 127 South, PO Box B
Jonesboro, IL. 62952

Classification Numbers

Facility ID	6005433	
Health Service Area	005	
Planning Service Area	181	Union
County	181	Union County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	32	1	0	5	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	32	1	0	5	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	1	0	0	0	1
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	5.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	9.00
Totals	26.00

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
13.6%	70.9%	0.0%	1.7%	13.8%	100.0%		
305,439	1,597,104	0	38,627	311,928	2,253,098	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Joshua Manor
120 Locust St
Hoyleton, IL. 62803

Reference Numbers

Facility ID	6012058	
Health Service Area	005	
Planning Service Area	189	Washington
County	189	Washington County

Administrator
Karla Rogers

Contact Person and Telephone
Christina Durbin
217-825-4267

Registered Agent Information
Lawrence Manson
20180 Governors Drive Suite 300
Olympia Fields, IL 60461

Date Questionnaire Completed 4/10/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	11
Total Admissions 2017	2
Total Discharges 2017	0
Residents on 12/31/2017	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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
TOTALS	13

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	13	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	13	16	13	3	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			3882	66.5%	0	0	0	0	3882	66.5%	66.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3882	66.5%	0	0	0	0	3882	66.5%	66.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	1	1	0	0	1	1	2
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
TOTALS	0	0	0	0	4	9	0	0	4	9	13

Joshua Manor
120 Locust St
Hoyleton, IL. 62803

Classification Numbers

Facility ID	6012058	
Health Service Area	005	
Planning Service Area	189	Washington
County	189	Washington County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	0.00
Other Health Staff	10.75
Non-Health Staff	0.50
Totals	11.75

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
0.0%	80.4%	0.0%	0.0%	19.6%	100.0%		
0	375,265	0	0	91,589	466,854	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Kankakee Court
260 S Chicago Ave
Kankakee, IL. 60901

Reference Numbers

Facility ID	6013874	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Cynthia Lewis

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	4
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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
TOTALS	4

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1460	######	0	0	0	0	1460	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	######	0	0	0	0	1460	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	4	0	0	0	4	0	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	4	0	0	0	4	0	4

Kankakee Court
260 S Chicago Ave
Kankakee, IL. 60901

Classification Numbers

Facility ID	6013874	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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
0.0%	84.9%	1.5%	0.0%	13.5%	100.0%		
0	285,424	5,194	0	45,504	336,122	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Kankakee Terrace
100 Bell Aire Ave.
Bourbonnais, IL. 60914

Reference Numbers

Facility ID	6004972	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Kristen Hendricks

Contact Person and Telephone
Kristen Hendricks
815-939-0910

Registered Agent Information
Tom Hein
1S443 Summit Ave.
Oakbrook Terrace, IL 60181

Date Questionnaire Completed 4/16/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	123
Total Admissions 2017	111
Total Discharges 2017	126
Residents on 12/31/2017	108

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	108
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
TOTALS	108

Total Residents Diagnosed as Mentally Ill 108

Total Residents Reported as Identified Offenders 24

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	146	146	146	146	108	38	146	146
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	146	146	146	146	108	38	146	146

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	106	0.2%	0	0	2	0	108	0.2%	0.2%
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%
TOTALS	0	0.0%	106	0.2%	0	0	2	0	108	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	20	6	0	0	0	0	0	0	20	6	26
45 to 59	29	19	0	0	0	0	0	0	29	19	48
60 to 64	12	3	0	0	0	0	0	0	12	3	15
65 to 74	8	9	0	0	0	0	0	0	8	9	17
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	70	38	0	0	0	0	0	0	70	38	108

Kankakee Terrace
100 Bell Aire Ave.
Bourbonnais, IL. 60914

Classification Numbers

Facility ID	6004972	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	106	0	0	2	0	108
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	106	0	0	2	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	23	0	0	0	23
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	5	0	0	0	5
Total	108	0	0	0	108

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	105	0	0	0	105
Total	108	0	0	0	108

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	9.00
Certified Aides	33.00
Other Health Staff	10.00
Non-Health Staff	35.00
Totals	90.00

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
0.0%	95.8%	1.7%	0.0%	2.5%	100.0%		
0	4,250,781	74,997	0	109,896	4,435,674	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Kanthak House
724 2nd Ave
Ottawa, IL. 61350

Reference Numbers

Facility ID	6013270	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

Administrator
Stacy Egli

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	2
Total Discharges 2017	4
Residents on 12/31/2017	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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
TOTALS	13

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	13	3		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	13	3	0	15

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5083	92.8%	0	0	0	0	5083	87.0%	87.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5083	92.8%	0	0	0	0	5083	87.0%	87.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	2	0	0	2	2	4
45 to 59	0	0	0	0	3	1	0	0	3	1	4
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	7	6	0	0	7	6	13

Kanthak House
724 2nd Ave
Ottawa, IL. 61350

Classification Numbers

Facility ID	6013270	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	81.9%	0.3%	0.0%	17.7%	100.0%		
0	569,472	2,407	0	123,233	695,112	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Kensington Pl Nursing & Rehab
3405 South Michigain Ave
Chicago, IL. 60616

Reference Numbers

Facility ID	6006126	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 35 - Douglas

Administrator
Yechiel Maschial

Contact Person and Telephone
Cynthia Staine
312-791-0035

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	134
Total Admissions 2017	101
Total Discharges 2017	104
Residents on 12/31/2017	131

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	17
Endocrine/Metabolic	12
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	12
Mental Illness	41
Developmental Disability	14
Circulatory System	0
Respiratory System	6
Digestive System	10
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	131

Total Residents Diagnosed as Mentally Ill 41

Total Residents Reported as Identified Offenders 41

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	155	155	131	155	131	24	155	155
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	155	155	131	155	131	24	155	155

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2570	4.5%	45577	80.6%	784	420	1011	0	50362	89.0%	89.0%
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%
TOTALS	2570	4.5%	45577	80.6%	784	420	1011	0	50362	89.0%	89.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	23	20	0	0	0	0	0	0	23	20	43
60 to 64	19	10	0	0	0	0	0	0	19	10	29
65 to 74	20	8	0	0	0	0	0	0	20	8	28
75 to 84	11	5	0	0	0	0	0	0	11	5	16
85+	4	9	0	0	0	0	0	0	4	9	13
TOTALS	78	53	0	0	0	0	0	0	78	53	131

Kensington Pl Nursing & Rehab
3405 South Michigain Ave
Chicago, IL. 60616

Classification Numbers

Facility ID	6006126	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 35 - Douglas

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	115	0	0	1	0	131
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	115	0	0	1	0	131

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	99	0	0	0	99
Hawaiian/Pacific Isl.	0	0	0	0	0
White	29	0	0	0	29
Race Unknown	0	0	0	0	0
Total	128	0	0	0	128

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	3	0	0	0	3

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	9.00
LPN's	17.00
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	39.00
Totals	114.00

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
14.7%	79.8%	1.4%	2.4%	1.8%	100.0%		
1,377,140	7,481,762	128,450	223,653	167,901	9,378,906	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Kepley House
408 E Washington St
Pittsfield, IL. 62363

Reference Numbers

Facility ID	6010920	
Health Service Area	003	
Planning Service Area	013	Calhoun/Pike
County	149	Pike County

Administrator
Michelle Smith

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	3
Total Discharges 2017	3
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5659	96.9%	0	0	0	0	5659	96.9%	96.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5659	96.9%	0	0	0	0	5659	96.9%	96.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	5	0	0	0	5	5
45 to 59	0	0	0	0	1	3	0	0	1	3	4
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	5	0	0	0	5	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
TOTALS	0	0	0	0	2	13	0	0	2	13	15

Kepley House
408 E Washington St
Pittsfield, IL. 62363

Classification Numbers

Facility ID	6010920	
Health Service Area	003	
Planning Service Area	013	Calhoun/Pike
County	149	Pike County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	82.3%	0.9%	0.0%	16.9%	100.0%		
0	574,446	5,952	0	117,840	698,238	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Kewanee Care Home
144 Jr. Ave
Kewanee, IL. 61443

Reference Numbers

Facility ID	6005011	
Health Service Area	010	
Planning Service Area	073	Henry
County	073	Henry County

Administrator
Sasha Wilson

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/8/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	62
Total Admissions 2017	115
Total Discharges 2017	104
Residents on 12/31/2017	73

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	18
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 36

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	84	84	78	84	73	11	27	84
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	84	84	78	84	73	11	27	84

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2751	27.9%	16834	54.9%	0	70	4589	0	24244	79.1%	79.1%
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%
TOTALS	2751	27.9%	16834	54.9%	0	70	4589	0	24244	79.1%	79.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	6	28	0	0	0	0	0	0	6	28	34
TOTALS	19	54	0	0	0	0	0	0	19	54	73

Kewanee Care Home
144 Jr. Ave
Kewanee, IL. 61443

Classification Numbers

Facility ID	6005011	
Health Service Area	010	
Planning Service Area	073	Henry
County	073	Henry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	50	0	1	13	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	50	0	1	13	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	12.00
Certified Aides	35.00
Other Health Staff	0.00
Non-Health Staff	30.00
Totals	84.00

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
18.0%	63.7%	0.0%	0.7%	17.6%	100.0%		
667,291	2,359,762	0	24,132	653,342	3,704,527	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

King-Bruwaert House
6101 S. County Line Rd
Burr Ridge, IL. 60527

Reference Numbers

Facility ID	6005037	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lyons Township

Administrator
Terri Bowen

Contact Person and Telephone
Terri Bowen
630-323-2250

Registered Agent Information

Date Questionnaire Completed 4/6/2018

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	79
Total Admissions 2017	30
Total Discharges 2017	35
Residents on 12/31/2017	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	50
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	8
TOTALS	74

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	49	47	49	45	4	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	76	45	31	45	29	47		
TOTAL BEDS	125	94	78	94	74	51	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	730	730	4.1%	4.1%
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	2660	2660	9.6%	16.2%
TOTALS	0	0.0%	0	0.0%	0	0	0	3390	3390	7.4%	9.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	1	0	1	1
75 to 84	0	1	0	0	0	0	0	2	0	3	3
85+	13	30	0	0	0	0	6	20	19	50	69
TOTALS	14	31	0	0	0	0	6	23	20	54	74

King-Bruwaert House
6101 S. County Line Rd
Burr Ridge, IL. 60527

Classification Numbers

Facility ID	6005037	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lyons Township

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	43	2	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	21	8	29
TOTALS	0	0	0	0	64	10	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	29	74
Race Unknown	0	0	0	0	0
Total	45	0	0	29	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	29	74
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	29	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.39
LPN's	1.80
Certified Aides	22.49
Other Health Staff	0.00
Non-Health Staff	45.56
Totals	83.24

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%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	7,607,051	7,607,051	780,246	10.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Knight House
6600 S Stewart
Chicago, IL. 60621

Reference Numbers

Facility ID	6005052	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 68 - Englewood

Administrator
Linda Darling

Contact Person and Telephone
Linda Darling
773-918-6209

Registered Agent Information

Date Questionnaire Completed 4/11/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	15	0		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	15

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			0	0.0%	15	0	0	0	15	0.3%	0.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	15	0	0	0	15	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	0	0	0	4	0	4
45 to 59	0	0	0	0	9	0	0	0	9	0	9
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	15	0	0	0	15	0	15

Knight House
6600 S Stewart
Chicago, IL. 60621

Classification Numbers

Facility ID	6005052	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 68 - Englewood

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	12	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	2	0	2
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	1.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	15.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	699,407	0	0	0	699,407	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Knox County Nursing Home
800 N. Market St
Knoxville, IL. 61488

Reference Numbers

Facility ID	6005060	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

Administrator
Rachel Secrist

Contact Person and Telephone
Rachel Secrist
309-289-2338

Registered Agent Information

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	133
Total Admissions 2017	89
Total Discharges 2017	105
Residents on 12/31/2017	117

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	13
Mental Illness	8
Developmental Disability	1
Circulatory System	40
Respiratory System	13
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	3
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	117

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	169	158	139	158	117	52	169	157
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	169	158	139	158	117	52	169	157

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1629	2.6%	24524	42.8%	0	469	21042	0	47664	77.3%	82.6%
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%
TOTALS	1629	2.6%	24524	42.8%	0	469	21042	0	47664	77.3%	82.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	2	0	2
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	10	25	0	0	0	0	0	0	10	25	35
85+	8	55	0	0	0	0	0	0	8	55	63
TOTALS	26	91	0	0	0	0	0	0	26	91	117

Knox County Nursing Home
800 N. Market St
Knoxville, IL. 61488

Classification Numbers

Facility ID	6005060	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	59	0	0	56	0	117
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	59	0	0	56	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	1	0	0	0	1
Total	117	0	0	0	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	17.00
Certified Aides	67.00
Other Health Staff	17.00
Non-Health Staff	55.00
Totals	171.00

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
10.9%	31.1%	3.6%	4.3%	50.0%	100.0%		
912,482	2,598,545	302,550	362,489	4,181,777	8,357,843	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

La Harpe Davier HCC
101 n B Street
La Harpe, IL. 61450

Reference Numbers

Facility ID	6005128	
Health Service Area	003	
Planning Service Area	067	Hancock
County	067	Hancock County

Administrator
Amy Tanner

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/5/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	35
Total Admissions 2017	39
Total Discharges 2017	46
Residents on 12/31/2017	28

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	8
Developmental Disability	2
Circulatory System	7
Respiratory System	2
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
TOTALS	28

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	45	45	35	45	28	17	45	45
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	45	45	35	45	28	17	45	45

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	971	5.9%	5436	33.1%	0	0	5597	0	12004	73.1%	73.1%
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%
TOTALS	971	5.9%	5436	33.1%	0	0	5597	0	12004	73.1%	73.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	1	6	0	0	0	0	0	0	1	6	7
85+	3	9	0	0	0	0	0	0	3	9	12
TOTALS	9	19	0	0	0	0	0	0	9	19	28

La Harpe Davier HCC
101 n B Street
La Harpe, IL. 61450

Classification Numbers

Facility ID	6005128	
Health Service Area	003	
Planning Service Area	067	Hancock
County	067	Hancock County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	14	0	0	10	0	28
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	14	0	0	10	0	28

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	28	0	0	0	28
Race Unknown	0	0	0	0	0
Total	28	0	0	0	28

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	28	0	0	0	28
Ethnicity Unknown	0	0	0	0	0
Total	28	0	0	0	28

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	3.00
Certified Aides	6.00
Other Health Staff	0.00
Non-Health Staff	6.00
Totals	18.00

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
13.3%	48.3%	0.0%	0.7%	37.7%	100.0%		
198,992	720,779	0	10,116	563,575	1,493,462	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lafayette Terrace
826 W. Lafayette
Jacksonville, IL. 62650

Reference Numbers

Facility ID	6013767	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	137	Morgan County

Administrator
James Haney

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	6
Total Admissions 2017	
Total Discharges 2017	1
Residents on 12/31/2017	

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	5
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
TOTALS	5

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	5	6	5	1		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	5	6	5	1	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1915	87.4%	0	0	0	0	1915	87.4%	87.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1915	87.4%	0	0	0	0	1915	87.4%	87.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	2	1	0	0	2	1	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
TOTALS	0	0	0	0	3	2	0	0	3	2	5

Lafayette Terrace
826 W. Lafayette
Jacksonville, IL. 62650

Classification Numbers

Facility ID	6013767	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	137	Morgan County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		5	0	0	0	0	5
Sheltered Care			0	0	0	0	0
TOTALS	0	5	0	0	0	0	5

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	5	0	5

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	5	0	5
Ethnicity Unknown	0	0	0	0	0
Total	0	0	5	0	5

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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
0.0%	85.2%	0.6%	0.0%	14.2%	100.0%		
0	309,009	2,329	0	51,321	362,659	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lake Forest Place
1101 Pembridge Drive
Lake Forest, IL. 60045

Reference Numbers

Facility ID	6015457	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Denise Dale

Contact Person and Telephone
Denise Dale
847-604-6701

Registered Agent Information
Todd F. Swortzel
8707 Skokie Blvd.
Skokie, IL 60077

Date Questionnaire Completed 4/3/2018

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	57
Total Admissions 2017	404
Total Discharges 2017	399
Residents on 12/31/2017	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	1
TOTALS	62

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	70	70	70	70	62	8	50	0
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	70	70	70	70	62	8	50	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7943	43.5%	0	0.0%	0	116	14293	855	23207	90.8%	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%
TOTALS	7943	43.5%	0	0.0%	0	116	14293	855	23207	90.8%	90.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	5	4	0	0	0	0	0	0	5	4	9
85+	16	31	0	0	0	0	0	0	16	31	47
TOTALS	22	40	0	0	0	0	0	0	22	40	62

Lake Forest Place
1101 Pembridge Drive
Lake Forest, IL. 60045

Classification Numbers

Facility ID	6015457	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	0	0	0	45	3	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	0	0	0	45	3	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	20.84
LPN's	3.70
Certified Aides	33.38
Other Health Staff	8.20
Non-Health Staff	23.00
Totals	91.32

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
39.1%	0.0%	0.0%	0.4%	60.5%	100.0%		
4,321,160	0	0	43,500	6,683,140	11,047,800	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lake Park Center
919 Washington Park
Waukegan, IL. 60085

Reference Numbers

Facility ID	6009807	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Robert B. Livings

Contact Person and Telephone
Catherine Madison
847-623-9100

Registered Agent Information
Avrum Weinfeld
5151 Church Street
Skokie, IL 60077

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
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	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	178
Total Admissions 2017	39
Total Discharges 2017	42
Residents on 12/31/2017	175

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	175
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
TOTALS	175

Total Residents Diagnosed as Mentally Ill 175

Total Residents Reported as Identified Offenders 26

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	210	210	183	197	175	35	0	210
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	210	210	183	197	175	35	0	210

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	61448	80.2%	1843	0	471	0	63762	83.2%	83.2%
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%
TOTALS	0	0.0%	61448	80.2%	1843	0	471	0	63762	83.2%	83.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	31	14	0	0	0	0	0	0	31	14	45
45 to 59	51	23	0	0	0	0	0	0	51	23	74
60 to 64	15	9	0	0	0	0	0	0	15	9	24
65 to 74	20	8	0	0	0	0	0	0	20	8	28
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	119	56	0	0	0	0	0	0	119	56	175

Lake Park Center
919 Washington Park
Waukegan, IL. 60085

Classification Numbers

Facility ID	6009807	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	171	3	0	1	0	175
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	171	3	0	1	0	175

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	30	0	0	0	30
Hawaiian/Pacific Isl.	1	0	0	0	1
White	138	0	0	0	138
Race Unknown	0	0	0	0	0
Total	175	0	0	0	175

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	160	0	0	0	160
Ethnicity Unknown	0	0	0	0	0
Total	175	0	0	0	175

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.69
LPN's	6.12
Certified Aides	30.55
Other Health Staff	10.00
Non-Health Staff	33.56
Totals	89.92

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
0.0%	95.7%	3.4%	0.0%	0.9%	100.0%		
0	6,209,799	220,190	0	56,640	6,486,629	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lakefront Nursing and Rehab
7618 N Sheridan Road
Chicago, IL. 60626

Reference Numbers

Facility ID	6005169	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

Administrator
Eli Barnett

Contact Person and Telephone
Eli Barnett
773-743-7711

Registered Agent Information
IL Corporation Service
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	94
Total Admissions 2017	85
Total Discharges 2017	80
Residents on 12/31/2017	99

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	33
Developmental Disability	0
Circulatory System	26
Respiratory System	14
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	94

Total Residents Diagnosed as Mentally Ill 61

Total Residents Reported as Identified Offenders 21

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	99	99	94	5	99	99
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	99	99	99	99	94	5	99	99

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1469	4.1%	32064	88.7%	749	136	0	0	34418	95.2%	95.2%
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%
TOTALS	1469	4.1%	32064	88.7%	749	136	0	0	34418	95.2%	95.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	0	0	0	0	0	0	0	6	0	6
45 to 59	29	7	0	0	0	0	0	0	29	7	36
60 to 64	17	4	0	0	0	0	0	0	17	4	21
65 to 74	16	8	0	0	0	0	0	0	16	8	24
75 to 84	4	3	0	0	0	0	0	0	4	3	7
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	72	22	0	0	0	0	0	0	72	22	94

Lakefront Nursing and Rehab
7618 N Sheridan Road
Chicago, IL. 60626

Classification Numbers

Facility ID	6005169	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	88	2	0	0	0	94
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	88	2	0	0	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	29	0	0	0	29
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown		0	0	0	
Total		0	0	0	

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	16.00
Certified Aides	36.00
Other Health Staff	1.00
Non-Health Staff	45.00
Totals	104.00

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
14.6%	82.2%	2.0%	1.2%	0.0%	100.0%		
836,984	4,722,568	116,559	68,989	0	5,745,100	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lakeland Rehabilitation and Healthcare center
800 w. temple
Effingham, IL. 62401

Reference Numbers

Facility ID	6005185	
Health Service Area	005	
Planning Service Area	049	Effingham
County	049	Effingham County

Administrator
William Wade

Contact Person and Telephone
William Wade
217-342-2171

Registered Agent Information
William Wade
800 W. Temple

Date Questionnaire Completed 4/13/2018

Life Care Facility

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	117
Total Admissions 2017	441
Total Discharges 2017	450
Residents on 12/31/2017	108

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	5
Mental Illness	15
Developmental Disability	0
Circulatory System	24
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	8
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	108

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	154	134	125	134	108	46	154	139
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	154	134	125	134	108	46	154	139

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8795	15.6%	19220	37.9%	0	903	13087	0	42005	74.7%	85.9%
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%
TOTALS	8795	15.6%	19220	37.9%	0	903	13087	0	42005	74.7%	85.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	1	3	4
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	8	7	0	0	0	0	0	0	8	7	15
75 to 84	3	24	0	0	0	0	0	0	3	24	27
85+	7	52	0	0	0	0	0	0	7	52	59
TOTALS	21	87	0	0	0	0	0	0	21	87	108

Lakeland Rehabilitation and Healthcare center
800 w. temple
Effingham, IL. 62401

Classification Numbers

Facility ID	6005185	
Health Service Area	005	
Planning Service Area	049	Effingham
County	049	Effingham County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	51	0	2	31	0	108
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	51	0	2	31	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	0	0	0	0	0
Total	108	0	0	0	108

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	0	0	0	0	0
Total	108	0	0	0	108

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	14.00
Certified Aides	47.00
Other Health Staff	3.00
Non-Health Staff	12.00
Totals	87.00

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
48.6%	25.8%	0.0%	3.6%	22.0%	100.0%		
4,654,222	2,475,703	0	341,920	2,109,430	9,581,275	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lakeview Rehabilitation and Nursing Center
735 W. Diversey Parkway
Chicago, IL. 60614

Reference Numbers

Facility ID	6005227	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 7 - Lincoln Park

Administrator
Nichole Lockett

Contact Person and Telephone
Nichole Lockett
773-348-4055

Registered Agent Information
Michelle Bush
240 Fencl Lane
Hillside, IL 60162

Date Questionnaire Completed 4/12/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	128
Total Admissions 2017	218
Total Discharges 2017	207
Residents on 12/31/2017	139

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	6
Developmental Disability	0
Circulatory System	22
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	92
Non-Medical Conditions	0
TOTALS	139

Total Residents Diagnosed as Mentally Ill 65

Total Residents Reported as Identified Offenders 7

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	178	161	0	161	139	39	178	178
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	161	0	161	139	39	178	178

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4387	6.8%	40688	62.6%	0	1524	3151	0	49750	76.6%	84.7%
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%
TOTALS	4387	6.8%	40688	62.6%	0	1524	3151	0	49750	76.6%	84.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	7	5	0	0	0	0	0	0	7	5	12
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	22	16	0	0	0	0	0	0	22	16	38
75 to 84	14	29	0	0	0	0	0	0	14	29	43
85+	12	25	0	0	0	0	0	0	12	25	37
TOTALS	59	80	0	0	0	0	0	0	59	80	139

Lakeview Rehabilitation and Nursing Center
735 W. Diversey Parkway
Chicago, IL. 60614

Classification Numbers

Facility ID	6005227	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 7 - Lincoln Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	121	0	2	2	0	139
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	121	0	2	2	0	139

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	9	0	0	0	9
American Indian	1	0	0	0	1
Black	56	0	0	0	56
Hawaiian/Pacific Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	2	0	0	0	2
Total	139	0	0	0	139

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	18	0	0	0	18
Non-Hispanic	119	0	0	0	119
Ethnicity Unknown	2	0	0	0	2
Total	139	0	0	0	139

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.88
LPN's	16.10
Certified Aides	37.41
Other Health Staff	6.82
Non-Health Staff	26.16
Totals	101.37

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
22.3%	66.1%	0.0%	5.8%	5.8%	100.0%		
2,686,858	7,973,787	0	697,055	701,712	12,059,412	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lakewood Nursing and Rehabilitation Center
14716 S. Eastern Ave.
Plainfield , IL. 60544

Reference Numbers

Facility ID	6005235	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Margie Thompson

Contact Person and Telephone
Margie Thompson
815-436-3400

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Date Questionnaire Completed 3/1/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	112
Total Admissions 2017	260
Total Discharges 2017	261
Residents on 12/31/2017	111

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	4
Mental Illness	8
Developmental Disability	2
Circulatory System	23
Respiratory System	14
Digestive System	1
Genitourinary System Disorders	10
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	111

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	131	131	111	131	111	20	131	131
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	131	131	111	131	111	20	131	131

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8451	17.7%	21291	44.5%	0	1112	10706	0	41560	86.9%	86.9%
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%
TOTALS	8451	17.7%	21291	44.5%	0	1112	10706	0	41560	86.9%	86.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	5	3	8
60 to 64	4	6	0	0	0	0	0	0	4	6	10
65 to 74	4	17	0	0	0	0	0	0	4	17	21
75 to 84	4	13	0	0	0	0	0	0	4	13	17
85+	18	37	0	0	0	0	0	0	18	37	55
TOTALS	35	76	0	0	0	0	0	0	35	76	111

Lakewood Nursing and Rehabilitation Center
14716 S. Eastern Ave.
Plainfield , IL. 60544

Classification Numbers

Facility ID	6005235	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	68	0	2	16	0	111
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	68	0	2	16	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	1	0	0	0	1
Total	102	0	0	0	102

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	9	0	0	0	9

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.76
LPN's	15.19
Certified Aides	32.31
Other Health Staff	2.02
Non-Health Staff	37.12
Totals	101.40

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
33.8%	27.6%	0.0%	10.6%	28.0%	100.0%		
4,010,504	3,267,105	0	1,260,557	3,318,038	11,856,204	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Landmark of Des Plaines Rehabilitation
9300 Ballard Road
Des Plaines, IL. 60016

Reference Numbers

Facility ID	6000640	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

Administrator
Marla Costello

Contact Person and Telephone
Jim Kouzios
847-294-2300

Registered Agent Information
Marilyn Dunn
55 W. Monroe St, Suite 2400
Chicago, IL 60603

Date Questionnaire Completed 4/6/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	122
Total Admissions 2017	235
Total Discharges 2017	247
Residents on 12/31/2017	110

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	43
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	21
Non-Medical Conditions	21
TOTALS	110

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	231	231	148	231	117	114	231	231
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	231	231	148	231	117	114	231	231

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3116	3.7%	38745	46.0%	0	3207	2883	0	47951	56.9%	56.9%
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%
TOTALS	3116	3.7%	38745	46.0%	0	3207	2883	0	47951	56.9%	56.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	3	0	0	0	0	0	0	7	3	10
45 to 59	16	11	0	0	0	0	0	0	16	11	27
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	16	8	0	0	0	0	0	0	16	8	24
75 to 84	10	9	0	0	0	0	0	0	10	9	19
85+	4	12	0	0	0	0	0	0	4	12	16
TOTALS	62	48	0	0	0	0	0	0	62	48	110

Landmark of Des Plaines Rehabilitation
9300 Ballard Road
Des Plaines, IL. 60016

Classification Numbers

Facility ID	6000640	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	98	0	4	5	0	110
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	98	0	4	5	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	12	0	0	0	12
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	110	0	0	0	110

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	42.00
LPN's	20.00
Certified Aides	49.00
Other Health Staff	15.00
Non-Health Staff	40.00
Totals	168.00

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
14.2%	68.9%	0.0%	11.6%	5.3%	100.0%		
2,110,001	10,226,613	0	1,722,300	789,416	14,848,330	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LaSalle County Nursing Home
1380 North 27th Road
Ottawa, IL. 61350

Reference Numbers

Facility ID	6005250	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

Administrator
Chris Csernus

Contact Person and Telephone
Chris Csernus
815-433-0476

Registered Agent Information
Jerry Hicks
707 Etna Road
Ottawa, IL 61350

Date Questionnaire Completed 3/19/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	63
Total Admissions 2017	42
Total Discharges 2017	60
Residents on 12/31/2017	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	10
Mental Illness	13
Developmental Disability	0
Circulatory System	6
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 35

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	91	91	71	91	45	46	91	91
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	91	91	71	91	45	46	91	91

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	254	0.8%	4568	13.8%	0	22	3505	0	8349	25.1%	25.1%
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%
TOTALS	254	0.8%	4568	13.8%	0	22	3505	0	8349	25.1%	25.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	5	23	0	0	0	0	0	0	5	23	28
TOTALS	9	36	0	0	0	0	0	0	9	36	45

LaSalle County Nursing Home
1380 North 27th Road
Ottawa, IL. 61350

Classification Numbers

Facility ID	6005250	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	20	0	0	21	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	20	0	0	21	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	1	0	0	0	1
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	44	0	0	0	44
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	8.00
Certified Aides	16.00
Other Health Staff	
Non-Health Staff	25.00
Totals	

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
13.8%	42.2%	0.0%	0.9%	43.1%	100.0%		
175,455	536,334	0	11,140	547,665	1,270,594	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lawrence Place
715 S. Washington
Lincoln, IL. 62656

Reference Numbers

Facility ID	6011654	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

Administrator
Adam Tabor

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	14
Total Admissions 2017	1
Total Discharges 2017	3
Residents on 12/31/2017	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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
TOTALS	13

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	12	4	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4738	81.1%	0	0	0	0	4738	81.1%	81.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4738	81.1%	0	0	0	0	4738	81.1%	81.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	1	0	0	3	1	4
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	3	0	0	0	3	0	3
75 to 84	0	0	0	0	0	3	0	0	0	3	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	9	4	0	0	9	4	13

Lawrence Place
715 S. Washington
Lincoln, IL. 62656

Classification Numbers

Facility ID	6011654	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	75.1%	3.5%	0.0%	21.4%	100.0%		
0	444,615	20,792	0	126,444	591,851	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lebanon Care Center
1201 N. Alton St
Lebanon , IL. 62254

Reference Numbers

Facility ID	6001044	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Laura Paden

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/20/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	61
Total Admissions 2017	51
Total Discharges 2017	51
Residents on 12/31/2017	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	35
Mental Illness	1
Developmental Disability	1
Circulatory System	10
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	90	65	90	61	29	90	90
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	90	90	65	90	61	29	90	90

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1475	4.5%	19749	60.1%	0	23	2438	0	23685	72.1%	72.1%
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%
TOTALS	1475	4.5%	19749	60.1%	0	23	2438	0	23685	72.1%	72.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	10	10	0	0	0	0	0	0	10	10	20
85+	2	11	0	0	0	0	0	0	2	11	13
TOTALS	27	34	0	0	0	0	0	0	27	34	61

Lebanon Care Center
1201 N. Alton St
Lebanon , IL. 62254

Classification Numbers

Facility ID	6001044	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	31	5	23	0	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	31	5	23	0	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	10.00
Certified Aides	23.00
Other Health Staff	3.00
Non-Health Staff	15.00
Totals	56.00

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
0.2%	83.6%	0.0%	0.0%	16.1%	100.0%		
6,905	2,577,190	0	1,172	497,703	3,082,970	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEBANON TERRACE
221 EAST THIRD STREET
Lebanon, IL. 62254

Reference Numbers

Facility ID	6005268	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Dawn Bisset

Contact Person and Telephone
Donna Brooks
618-537-4133

Registered Agent Information
CT Corporation Systems
208 South Sallie Street Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	2
Total Discharges 2017	2
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5408	92.6%	0	0	0	0	5408	92.6%	92.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5408	92.6%	0	0	0	0	5408	92.6%	92.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	2	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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

LEBANON TERRACE
221 EAST THIRD STREET
Lebanon, IL. 62254

Classification Numbers

Facility ID	6005268	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.33
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.25
Certified Aides	10.94
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	11.52

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	804,912	0	0	0	804,912	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lee Manor
1301 Lee Street
Des Plaines, IL. 60018

Reference Numbers

Facility ID	6005284	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

Administrator
William McNiff

Contact Person and Telephone
William McNiff
847-635-4000 x250

Registered Agent Information
Kenneth Lorch
200 South Wacker Drive Suite 3800
Chicago, IL 60606

Date Questionnaire Completed 4/16/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	220
Total Admissions 2017	537
Total Discharges 2017	535
Residents on 12/31/2017	222

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	41
Alzheimer Disease	49
Mental Illness	37
Developmental Disability	0
Circulatory System	33
Respiratory System	18
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	5
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	222

Total Residents Diagnosed as Mentally Ill 37

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	262	262	243	262	222	40	262	262
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	262	243	262	222	40	262	262

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6500	6.8%	60409	63.2%	0	196	14495	0	81600	85.3%	85.3%
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%
TOTALS	6500	6.8%	60409	63.2%	0	196	14495	0	81600	85.3%	85.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	6	4	0	0	0	0	0	0	6	4	10
60 to 64	4	7	0	0	0	0	0	0	4	7	11
65 to 74	12	21	0	0	0	0	0	0	12	21	33
75 to 84	26	43	0	0	0	0	0	0	26	43	69
85+	20	77	0	0	0	0	0	0	20	77	97
TOTALS	70	152	0	0	0	0	0	0	70	152	222

Lee Manor
1301 Lee Street
Des Plaines, IL. 60018

Classification Numbers

Facility ID	6005284	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	165	0	1	38	0	222
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	165	0	1	38	0	222

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	1	0	0	0	1
White	209	0	0	0	209
Race Unknown	0	0	0	0	0
Total	222	0	0	0	222

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	211	0	0	0	211
Ethnicity Unknown	0	0	0	0	0
Total	222	0	0	0	222

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.90
Physicians	0.00
Director of Nursing	0.90
Registered Nurses	26.70
LPN's	10.01
Certified Aides	64.94
Other Health Staff	8.16
Non-Health Staff	59.24
Totals	170.85

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
21.0%	62.9%	0.0%	1.3%	14.8%	100.0%		
3,792,562	11,348,355	0	241,022	2,672,772	18,054,711	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lemont Nursing and Rehab Center
12450 Walker Road
Lemont, IL. 60439

Reference Numbers

Facility ID	6014492	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lemont Township

Administrator
Niki Mehta

Contact Person and Telephone
Niki Mehta
630-243-0400

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Date Questionnaire Completed 3/12/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	142
Total Admissions 2017	314
Total Discharges 2017	324
Residents on 12/31/2017	132

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	3
*Nervous System Non Alzheimer	9
Alzheimer Disease	39
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	25
Injuries and Poisonings	0
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	132

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	173	168	150	168	132	41	158	158
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	173	168	150	168	132	41	158	158

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13376	23.2%	25555	44.3%	0	10394	0	0	49325	78.1%	80.4%
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%
TOTALS	13376	23.2%	25555	44.3%	0	10394	0	0	49325	78.1%	80.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	7	15	0	0	0	0	0	0	7	15	22
75 to 84	11	22	0	0	0	0	0	0	11	22	33
85+	12	62	0	0	0	0	0	0	12	62	74
TOTALS	31	101	0	0	0	0	0	0	31	101	132

Lemont Nursing and Rehab Center
12450 Walker Road
Lemont, IL. 60439

Classification Numbers

Facility ID	6014492	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lemont Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	74	0	22	0	0	132
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	36	74	0	22	0	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	1	0	0	0	1
White	128	0	0	0	128
Race Unknown	0	0	0	0	0
Total	132	0	0	0	132

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	131	0	0	0	131
Ethnicity Unknown	0	0	0	0	0
Total	132	0	0	0	132

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	16.00
Certified Aides	30.00
Other Health Staff	2.00
Non-Health Staff	41.00
Totals	102.00

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
43.4%	35.1%	0.0%	21.6%	0.0%	100.0%		
5,750,232	4,649,449	0	2,864,609	0	13,264,290	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lena Living Center, LLC
1010 South Logan Street
Lena, IL. 61048

Reference Numbers

Facility ID	6005292	
Health Service Area	001	
Planning Service Area	177	Stephenson
County	177	Stephenson County

Administrator
Robin LeMasters

Contact Person and Telephone
Suzanne Koenig
847-446-8400

Registered Agent Information
Polsinelli PC
150 N Riverside, Suite 3000
Chicago, IL 60606

Date Questionnaire Completed 4/16/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	61
Total Admissions 2017	72
Total Discharges 2017	73
Residents on 12/31/2017	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	1
Mental Illness	7
Developmental Disability	0
Circulatory System	10
Respiratory System	3
Digestive System	6
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	6
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	101	101	61	101	60	41	40	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	101	101	61	101	60	41	40	92

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1972	13.5%	5435	16.2%	773	579	11893	0	20652	56.0%	56.0%
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%
TOTALS	1972	13.5%	5435	16.2%	773	579	11893	0	20652	56.0%	56.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	1	0	0	0	0	0	0	2	1	3
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	6	32	0	0	0	0	0	0	6	32	38
TOTALS	18	42	0	0	0	0	0	0	18	42	60

Lena Living Center, LLC
1010 South Logan Street
Lena, IL. 61048

Classification Numbers

Facility ID	6005292	
Health Service Area	001	
Planning Service Area	177	Stephenson
County	177	Stephenson County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	13	0	2	40	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	13	0	2	40	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.10
Registered Nurses	5.47
LPN's	7.06
Certified Aides	22.40
Other Health Staff	14.17
Non-Health Staff	13.42
Totals	64.62

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%	23.5%	0.0%	5.8%	44.9%	100.0%		
1,179,417	1,076,962	0	264,053	2,055,595	4,576,027	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

4/21/2016 Facility added 9 Nursing Care beds; facility now has 101 Nursing Care beds.

LEROY MANOR
509 S BUCK ROAD
Leroy, IL. 61752

Reference Numbers

Facility ID	6012157	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Darla J. Coit

Contact Person and Telephone
Darla J. Coit
309-962-5000

Registered Agent Information

Date Questionnaire Completed 5/10/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	64
Total Admissions 2017	60
Total Discharges 2017	58
Residents on 12/31/2017	66

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	35
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	66

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	102	102	102	102	66	36	102	102
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	102	102	102	102	66	36	102	102

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1756	4.7%	11823	31.8%	6345	0	5913	0	25837	69.4%	69.4%
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%
TOTALS	1756	4.7%	11823	31.8%	6345	0	5913	0	25837	69.4%	69.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	5	15	0	0	0	0	0	0	5	15	20
85+	5	26	0	0	0	0	0	0	5	26	31
TOTALS	17	49	0	0	0	0	0	0	17	49	66

LEROY MANOR
509 S BUCK ROAD
Leroy, IL. 61752

Classification Numbers

Facility ID	6012157	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	43	0	0	20	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	43	0	0	20	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	0	66

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	9.00
Certified Aides	59.00
Other Health Staff	7.00
Non-Health Staff	32.00
Totals	117.00

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
21.0%	74.0%	0.0%	0.0%	5.0%	100.0%		
121,999	430,693	0	0	29,048	581,740	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lewis Memorial Christian Village
3400 West Washington
Springfield, IL. 62711

Reference Numbers

Facility ID	6005300	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Cynthia Ann Schaaf RN

Contact Person and Telephone
Cynthia Ann Schaaf RN
217-787-9600

Registered Agent Information
CT Corporation System
208 South LaSalle Street
Chicago, IL 60604

Date Questionnaire Completed 4/13/2018

Continuing Care Retirement Community

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	156
Total Admissions 2017	738
Total Discharges 2017	736
Residents on 12/31/2017	158

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	13
Endocrine/Metabolic	20
Blood Disorders	8
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	31
Digestive System	10
Genitourinary System Disorders	12
Skin Disorders	8
Musculo-skeletal Disorders	10
Injuries and Poisonings	13
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	158

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	171	171	167	171	158	13	171	100
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	171	171	167	171	158	13	171	100

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7722	12.4%	23488	64.4%	0	6605	17192	0	55007	88.1%	88.1%
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%
TOTALS	7722	12.4%	23488	64.4%	0	6605	17192	0	55007	88.1%	88.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	12	0	0	0	0	0	0	1	12	13
65 to 74	4	23	0	0	0	0	0	0	4	23	27
75 to 84	21	37	0	0	0	0	0	0	21	37	58
85+	22	38	0	0	0	0	0	0	22	38	60
TOTALS	48	110	0	0	0	0	0	0	48	110	158

Lewis Memorial Christian Village
3400 West Washington
Springfield, IL. 62711

Classification Numbers

Facility ID	6005300	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	64	0	0	0	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	34	64	0	0	0	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	31	0	0	0	31
Hawaiian/Pacific Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	0	0	0	0	0
Total	158	0	0	0	158

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	158	0	0	0	158
Ethnicity Unknown	0	0	0	0	0
Total	158	0	0	0	158

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	33.00
Certified Aides	68.00
Other Health Staff	11.00
Non-Health Staff	66.00
Totals	193.00

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
23.9%	22.2%	0.0%	18.9%	35.0%	100.0%		
3,967,600	3,689,188	0	3,128,236	5,799,312	16,584,336	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LewisTerrace
1916 16th Street

Reference Numbers

Facility ID	6014211	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Colleen Brooks

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	4
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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
TOTALS	4

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1406	96.3%	0	0	0	0	1406	96.3%	96.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1406	96.3%	0	0	0	0	1406	96.3%	96.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	2	2	0	0	2	2	4

LewisTerrace
1916 16th Street

Classification Numbers

Facility ID	6014211	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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
0.0%	88.5%	0.6%	0.0%	10.9%	100.0%		
0	315,830	2,107	0	38,904	356,841	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lexington Health Care Center of Bloomingdale, In
165 S. Bloomingdale Ed.
Bloomingdale, IL. 60108

Reference Numbers

Facility ID	6011993	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

Administrator
Anshu Raina

Contact Person and Telephone
Christine Thompson
630-458-4612

Registered Agent Information
James Samatas
665 W. North Ave., Suite 500
Lombard, IL 60148

Date Questionnaire Completed 4/24/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	124
Total Admissions 2017	363
Total Discharges 2017	363
Residents on 12/31/2017	124

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	20
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	11
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	5
Other Medical Conditions	69
Non-Medical Conditions	0
TOTALS	124

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	166	135	125	0	0	166	166	131
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	166	135	125	0	0	166	166	131

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8737	14.4%	29910	62.6%	0	1927	5287	0	45861	75.7%	93.1%
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%
TOTALS	8737	14.4%	29910	62.6%	0	1927	5287	0	45861	75.7%	93.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	2	0	0	0	0	0	0	3	2	5
65 to 74	6	11	0	0	0	0	0	0	6	11	17
75 to 84	25	14	0	0	0	0	0	0	25	14	39
85+	48	14	0	0	0	0	0	0	48	14	62
TOTALS	82	42	0	0	0	0	0	0	82	42	124

Lexington Health Care Center of Bloomingdale, In
165 S. Bloomingdale Ed.
Bloomingdale, IL. 60108

Classification Numbers

Facility ID	6011993	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	81	0	5	14	0	124
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	81	0	5	14	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	9	0	0	0	9
American Indian	1	0	0	0	1
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	19	0	0	0	19
Total	124	0	0	0	124

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	19	0	0	0	19
Total	124	0	0	0	124

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.60
Physicians	0.00
Director of Nursing	0.70
Registered Nurses	10.10
LPN's	7.70
Certified Aides	28.00
Other Health Staff	4.60
Non-Health Staff	30.60
Totals	82.30

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
40.9%	39.5%	0.0%	7.0%	12.6%	100.0%		
5,403,716	5,228,385	0	927,216	1,661,342	13,220,659	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lexington Health Care Center of Chicago Ridge, In
10300 Southwest Highway
Chicago Ridge , IL. 60415

Reference Numbers

Facility ID	6012967	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

Administrator
Kristin Mitchell

Contact Person and Telephone
Christine Thompson
630-458-4612

Registered Agent Information
James Samatas
665 W. North Ave., Suite 500
Lombard, IL 60148

Date Questionnaire Completed 4/27/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	170
Total Admissions 2017	795
Total Discharges 2017	811
Residents on 12/31/2017	154

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	29
Injuries and Poisonings	3
Other Medical Conditions	84
Non-Medical Conditions	0
TOTALS	154

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	193	161	193	154	49	203	142
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	203	193	161	193	154	49	203	142

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10876	14.7%	38145	73.6%	0	7379	2579	0	58979	79.6%	83.7%
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%
TOTALS	10876	14.7%	38145	73.6%	0	7379	2579	0	58979	79.6%	83.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	6	1	0	0	0	0	0	0	6	1	7
65 to 74	13	8	0	0	0	0	0	0	13	8	21
75 to 84	34	19	0	0	0	0	0	0	34	19	53
85+	60	13	0	0	0	0	0	0	60	13	73
TOTALS	113	41	0	0	0	0	0	0	113	41	154

Lexington Health Care Center of Chicago Ridge, In
10300 Southwest Highway
Chicago Ridge , IL. 60415

Classification Numbers

Facility ID	6012967	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	107	0	16	7	0	154
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	107	0	16	7	0	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	64	0	0	0	64
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	1	0	0	0	1
Total	154	0	0	0	154

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	145	0	0	0	145
Ethnicity Unknown	1	0	0	0	1
Total	154	0	0	0	154

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.60
Registered Nurses	12.90
LPN's	11.40
Certified Aides	43.40
Other Health Staff	7.70
Non-Health Staff	38.10
Totals	115.10

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
35.4%	36.9%	0.0%	22.8%	4.9%	100.0%		
6,455,419	6,736,782	0	4,167,084	889,601	18,248,886	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lexington Health Care Center of Elmhurst, Inc.
420 W. Butterfield Rd
Elmhurst, IL. 60126

Reference Numbers

Facility ID	6013098	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	York Township

Administrator
Tremaine Brown

Contact Person and Telephone
Christine Thompson
630-458-4612

Registered Agent Information
James Samatas
665 W. North Ave., Suite 500
Lombard, IL 60148

Date Questionnaire Completed 4/27/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	95
Total Admissions 2017	756
Total Discharges 2017	747
Residents on 12/31/2017	104

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	20
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	6
Other Medical Conditions	48
Non-Medical Conditions	0
TOTALS	104

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	145	116	104	116	104	41	142	77
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	145	116	104	116	104	41	142	77

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9428	18.2%	13843	49.3%	0	4254	5828	0	33353	63.0%	78.8%
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%
TOTALS	9428	18.2%	13843	49.3%	0	4254	5828	0	33353	63.0%	78.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	0	0	0	0	0	0	0	4	4
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	12	15	0	0	0	0	0	0	12	15	27
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	12	37	0	0	0	0	0	0	12	37	49
TOTALS	31	73	0	0	0	0	0	0	31	73	104

Lexington Health Care Center of Elmhurst, Inc.
420 W. Butterfield Rd
Elmhurst, IL. 60126

Classification Numbers

Facility ID	6013098	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	York Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	46	0	13	16	0	104
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	46	0	13	16	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	27	0	0	0	27
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	104	0	0	0	104

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.60
Registered Nurses	10.00
LPN's	8.40
Certified Aides	27.40
Other Health Staff	4.90
Non-Health Staff	37.60
Totals	89.90

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
45.2%	20.8%	0.0%	17.9%	16.2%	100.0%		
5,484,377	2,519,924	0	2,167,631	1,963,352	12,135,284	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lexington Health Care Center of LaGrange, Inc.
4735 Willow Springs Rd
LaGrange, IL. 60525

Reference Numbers

Facility ID	6013361	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lyons Township

Administrator
Bonny Lawrence

Contact Person and Telephone
Christine Thompson
630-458-4612

Registered Agent Information
James Samatas
665 W. North Ave., Suite 500
Lombard, IL 60148

Date Questionnaire Completed 4/27/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	75
Total Admissions 2017	767
Total Discharges 2017	775
Residents on 12/31/2017	67

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	5
Musculo-skeletal Disorders	10
Injuries and Poisonings	5
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	67

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	106	81	106	67	53	120	40
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	120	106	81	106	67	53	120	40

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13318	30.4%	6834	46.8%	0	4790	2912	0	27854	63.6%	72.0%
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%
TOTALS	13318	30.4%	6834	46.8%	0	4790	2912	0	27854	63.6%	72.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	3	0	0	0	0	0	0	1	3	4
65 to 74	3	9	0	0	0	0	0	0	3	9	12
75 to 84	10	11	0	0	0	0	0	0	10	11	21
85+	10	19	0	0	0	0	0	0	10	19	29
TOTALS	25	42	0	0	0	0	0	0	25	42	67

Lexington Health Care Center of LaGrange, Inc.
4735 Willow Springs Rd
LaGrange, IL. 60525

Classification Numbers

Facility ID	6013361	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lyons Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	15	0	10	6	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	36	15	0	10	6	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.70
Physicians	0.00
Director of Nursing	0.70
Registered Nurses	9.80
LPN's	6.00
Certified Aides	21.40
Other Health Staff	4.70
Non-Health Staff	29.50
Totals	72.80

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
62.6%	9.8%	0.0%	19.4%	8.1%	100.0%		
7,877,741	1,238,283	0	2,444,643	1,023,968	12,584,635	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lexington Health Care Center of Lake Zurich, Inc.
900 S. Rand Road
Lake Zurich, IL. 60047

Reference Numbers

Facility ID	6014138	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Michelle Negron

Contact Person and Telephone
Christine Thompson
630-458-4612

Registered Agent Information
James Samatas
665 W. North Ave., Suite 500
Lombard, IL 60148

Date Questionnaire Completed 4/27/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	160
Total Admissions 2017	660
Total Discharges 2017	644
Residents on 12/31/2017	176

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	19
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	6
Other Medical Conditions	102
Non-Medical Conditions	0
TOTALS	176

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	196	176	194	176	27	203	157
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	203	196	176	194	176	27	203	157

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8460	11.4%	42285	73.8%	0	2907	5393	0	59045	79.7%	82.5%
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%
TOTALS	8460	11.4%	42285	73.8%	0	2907	5393	0	59045	79.7%	82.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	1	3	4
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	9	8	0	0	0	0	0	0	9	8	17
75 to 84	19	37	0	0	0	0	0	0	19	37	56
85+	18	77	0	0	0	0	0	0	18	77	95
TOTALS	49	127	0	0	0	0	0	0	49	127	176

Lexington Health Care Center of Lake Zurich, Inc.
900 S. Rand Road
Lake Zurich, IL. 60047

Classification Numbers

Facility ID	6014138	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	123	0	7	18	0	176
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	123	0	7	18	0	176

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	171	0	0	0	171
Race Unknown	1	0	0	0	1
Total	176	0	0	0	176

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	170	0	0	0	170
Ethnicity Unknown	1	0	0	0	1
Total	176	0	0	0	176

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.70
Physicians	0.00
Director of Nursing	0.70
Registered Nurses	17.60
LPN's	5.00
Certified Aides	41.80
Other Health Staff	5.30
Non-Health Staff	38.50
Totals	109.60

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
32.6%	46.1%	0.0%	9.1%	12.3%	100.0%		
4,973,654	7,029,500	0	1,384,714	1,875,115	15,262,983	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lexington Health Care Center of Lombard, Inc.
2100 S. Finely Road
Lombard, IL. 60148

Reference Numbers

Facility ID	6005318	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	York Township

Administrator
Jennifer Miller

Contact Person and Telephone
Christine Thompson
630-458-4612

Registered Agent Information
James Samatas
665 W. North Ave., Suite 500
Lombard, IL 60148

Date Questionnaire Completed 4/30/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	164
Total Admissions 2017	361
Total Discharges 2017	377
Residents on 12/31/2017	148

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	0
Circulatory System	14
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	9
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	12
Other Medical Conditions	85
Non-Medical Conditions	0
TOTALS	148

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	224	183	158	178	148	76	215	215
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	224	183	158	178	148	76	215	215

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5908	7.5%	37776	48.1%	0	1474	8363	0	53521	65.5%	80.1%
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%
TOTALS	5908	7.5%	37776	48.1%	0	1474	8363	0	53521	65.5%	80.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	10	7	0	0	0	0	0	0	10	7	17
75 to 84	23	14	0	0	0	0	0	0	23	14	37
85+	75	19	0	0	0	0	0	0	75	19	94
TOTALS	108	40	0	0	0	0	0	0	108	40	148

Lexington Health Care Center of Lombard, Inc.
2100 S. Finely Road
Lombard, IL. 60148

Classification Numbers

Facility ID	6005318	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	York Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	108	0	5	18	0	148
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	108	0	5	18	0	148

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	13	0	0	0	13
American Indian	0	0	0	0	0
Black	19	0	0	0	19
Hawaiian/Pacific Isl.	0	0	0	0	0
White	115	0	0	0	115
Race Unknown	1	0	0	0	1
Total	148	0	0	0	148

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	144	0	0	0	144
Ethnicity Unknown	1	0	0	0	1
Total	148	0	0	0	148

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.70
Physicians	0.00
Director of Nursing	0.60
Registered Nurses	12.50
LPN's	8.40
Certified Aides	27.10
Other Health Staff	5.20
Non-Health Staff	38.70
Totals	93.20

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
25.4%	45.2%	0.0%	5.3%	24.0%	100.0%		
3,716,958	6,605,576	0	777,695	3,514,070	14,614,299	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lexington Health Care Center of Orland Park, Inc.
14601 S. John Humphrey Drive
Orland Park, IL. 60462

Reference Numbers

Facility ID	6014682	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Orland Township

Administrator
Nikki Dinsmore

Contact Person and Telephone
Christine Thompson
630-458-4612

Registered Agent Information
James Samatas
665 W. North Ave., Suite 500
Lombard, IL 60148

Date Questionnaire Completed 4/27/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	193
Total Admissions 2017	343
Total Discharges 2017	367
Residents on 12/31/2017	169

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	17
Developmental Disability	0
Circulatory System	9
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	16
Injuries and Poisonings	11
Other Medical Conditions	93
Non-Medical Conditions	0
TOTALS	169

Total Residents Diagnosed as Mentally Ill 17

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	275	255	193	254	169	106	259	215
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	275	255	193	254	169	106	259	215

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8866	9.4%	51162	65.2%	0	1886	4597	0	66511	66.3%	71.5%
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%
TOTALS	8866	9.4%	51162	65.2%	0	1886	4597	0	66511	66.3%	71.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	1	3	4
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	13	9	0	0	0	0	0	0	13	9	22
75 to 84	12	35	0	0	0	0	0	0	12	35	47
85+	13	79	0	0	0	0	0	0	13	79	92
TOTALS	40	129	0	0	0	0	0	0	40	129	169

Lexington Health Care Center of Orland Park, Inc.
14601 S. John Humphrey Drive
Orland Park, IL. 60462

Classification Numbers

Facility ID	6014682	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Orland Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	128	0	4	13	0	169
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	128	0	4	13	0	169

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	37	0	0	0	37
Hawaiian/Pacific Isl.	0	0	0	0	0
White	129	0	0	0	129
Race Unknown	3	0	0	0	3
Total	169	0	0	0	169

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	161	0	0	0	161
Ethnicity Unknown	3	0	0	0	3
Total	169	0	0	0	169

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.70
Physicians	0.00
Director of Nursing	0.70
Registered Nurses	9.10
LPN's	13.60
Certified Aides	50.20
Other Health Staff	6.80
Non-Health Staff	42.50
Totals	123.60

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
32.2%	54.2%	0.0%	5.5%	8.1%	100.0%		
5,465,874	9,204,521	0	938,500	1,380,594	16,989,489	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

2/23/2016 Facility discontinued 3 Nursing Care beds; facility now has 275 Nursing Care beds.

Lexington Health Care Center of Schaumburg, Inc.
675 S. Roselle Road
Schaumburg, IL. 60193

Reference Numbers

Facility ID	6012553	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Schaumburg Township

Administrator
Patrick DiPaolo

Contact Person and Telephone
Christine Thompson
630-458-4612

Registered Agent Information
James Samatas
665 W. North Ave., Suite 500
Lombard, IL 60148

Date Questionnaire Completed 4/27/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	152
Total Admissions 2017	401
Total Discharges 2017	391
Residents on 12/31/2017	162

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	0
Circulatory System	15
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	5
Other Medical Conditions	100
Non-Medical Conditions	0
TOTALS	162

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	214	192	171	192	162	52	214	182
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	214	192	171	192	162	52	214	182

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8497	10.9%	44543	67.1%	0	1865	4509	0	59414	76.1%	84.8%
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%
TOTALS	8497	10.9%	44543	67.1%	0	1865	4509	0	59414	76.1%	84.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	2	0	0	0	0	0	0	4	2	6
65 to 74	9	12	0	0	0	0	0	0	9	12	21
75 to 84	17	30	0	0	0	0	0	0	17	30	47
85+	11	71	0	0	0	0	0	0	11	71	82
TOTALS	44	118	0	0	0	0	0	0	44	118	162

Lexington Health Care Center of Schaumburg, Inc.
675 S. Roselle Road
Schaumburg, IL. 60193

Classification Numbers

Facility ID	6012553	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Schaumburg Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	129	0	6	11	0	162
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	129	0	6	11	0	162

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	15	0	0	0	15
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	141	0	0	0	141
Race Unknown	1	0	0	0	1
Total	162	0	0	0	162

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	156	0	0	0	156
Ethnicity Unknown	1	0	0	0	1
Total	162	0	0	0	162

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.70
Physicians	0.00
Director of Nursing	0.30
Registered Nurses	13.50
LPN's	11.00
Certified Aides	49.10
Other Health Staff	5.80
Non-Health Staff	40.20
Totals	120.60

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
33.6%	49.8%	0.0%	6.1%	10.5%	100.0%		
5,125,716	7,581,546	0	930,303	1,595,282	15,232,847	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lexington Health Care Center of Streamwood, Inc.
815 E. Irving Park Road
Streamwood, IL. 60107

Reference Numbers

Facility ID	6012975	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Hanover Township

Administrator
Kalsang Youtso

Contact Person and Telephone
Christine Thompson
630-458-4612

Registered Agent Information
James Samatas
665 W. North Ave., Suite 500
Lombard, IL 60148

Date Questionnaire Completed 4/27/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	151
Total Admissions 2017	398
Total Discharges 2017	391
Residents on 12/31/2017	158

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	13
Developmental Disability	0
Circulatory System	10
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	11
Other Medical Conditions	89
Non-Medical Conditions	0
TOTALS	158

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	214	173	160	172	158	56	214	182
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	214	173	160	172	158	56	214	182

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8402	10.8%	45488	68.5%	0	1328	1436	0	56654	72.5%	89.7%
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%
TOTALS	8402	10.8%	45488	68.5%	0	1328	1436	0	56654	72.5%	89.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	4	1	0	0	0	0	0	0	4	1	5
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	7	19	0	0	0	0	0	0	7	19	26
75 to 84	17	31	0	0	0	0	0	0	17	31	48
85+	13	61	0	0	0	0	0	0	13	61	74
TOTALS	44	114	0	0	0	0	0	0	44	114	158

Lexington Health Care Center of Streamwood, Inc.
815 E. Irving Park Road
Streamwood, IL. 60107

Classification Numbers

Facility ID	6012975	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Hanover Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	127	0	4	4	0	158
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	127	0	4	4	0	158

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	11	0	0	0	11
American Indian	2	0	0	0	2
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	19	0	0	0	19
Total	158	0	0	0	158

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	132	0	0	0	132
Ethnicity Unknown	19	0	0	0	19
Total	158	0	0	0	158

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.70
Physicians	0.00
Director of Nursing	0.70
Registered Nurses	10.40
LPN's	11.60
Certified Aides	44.30
Other Health Staff	5.30
Non-Health Staff	37.00
Totals	110.00

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
35.9%	55.4%	0.0%	4.7%	3.9%	100.0%		
5,285,334	8,155,817	0	694,715	578,859	14,714,725	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lexington Health Care Center of Wheeling, Inc.
730 W. Hintz Road
Wheeling, IL. 60090

Reference Numbers

Facility ID	6014369	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Wheeling Township

Administrator
Amy Saltzman

Contact Person and Telephone
Christine Thompson
630-458-4612

Registered Agent Information
James Samatas
665 W. North Ave., Suite 500
Lombard, IL 60148

Date Questionnaire Completed 4/27/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	174
Total Admissions 2017	170
Total Discharges 2017	174
Residents on 12/31/2017	170

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	13
Developmental Disability	0
Circulatory System	20
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	5
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	100
Non-Medical Conditions	0
TOTALS	170

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	215	201	183	200	170	45	215	193
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	215	201	183	200	170	45	215	193

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4824	6.1%	56736	80.5%	0	399	2831	0	64790	82.6%	88.3%
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%
TOTALS	4824	6.1%	56736	80.5%	0	399	2831	0	64790	82.6%	88.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	0	0	0	0	0	0	3	4	7
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	8	8	0	0	0	0	0	0	8	8	16
75 to 84	14	35	0	0	0	0	0	0	14	35	49
85+	23	73	0	0	0	0	0	0	23	73	96
TOTALS	48	122	0	0	0	0	0	0	48	122	170

Lexington Health Care Center of Wheeling, Inc.
730 W. Hintz Road
Wheeling, IL. 60090

Classification Numbers

Facility ID	6014369	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Wheeling Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	155	0	0	6	0	170
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	155	0	0	6	0	170

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	160	0	0	0	160
Race Unknown	1	0	0	0	1
Total	170	0	0	0	170

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	165	0	0	0	165
Ethnicity Unknown	1	0	0	0	1
Total	170	0	0	0	170

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.70
Physicians	0.00
Director of Nursing	0.70
Registered Nurses	8.50
LPN's	12.00
Certified Aides	48.50
Other Health Staff	4.70
Non-Health Staff	40.50
Totals	115.60

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
20.9%	71.4%	0.0%	1.1%	6.6%	100.0%		
2,991,623	10,248,663	0	154,657	952,599	14,347,542	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Libertyville Manor Extended Care Facility, Inc.
610 Peterson Road (Hwy. #137)
Libertyville, IL. 60048

Reference Numbers

Facility ID	6005359	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Mr. John Stokovich

Contact Person and Telephone
Mr. Milan Stokovich
847-367-6100

Registered Agent Information
Mr. John Fadden
111 West Washington Street - Suite 1900
Chicago, IL 60602

Date Questionnaire Completed 4/2/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	46
Total Admissions 2017	158
Total Discharges 2017	156
Residents on 12/31/2017	48

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	14
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	1
Developmental Disability	1
Circulatory System	4
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	48

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	174	150	52	150	48	126	31	63
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	174	150	52	150	48	126	31	63

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2480	21.9%	1367	5.9%	0	0	12593	0	16440	25.9%	30.0%
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%
TOTALS	2480	21.9%	1367	5.9%	0	0	12593	0	16440	25.9%	30.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	7	22	0	0	0	0	0	0	7	22	29
TOTALS	14	34	0	0	0	0	0	0	14	34	48

Libertyville Manor Extended Care Facility, Inc.
610 Peterson Road (Hwy. #137)
Libertyville, IL. 60048

Classification Numbers

Facility ID	6005359	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	4	0	0	38	0	48
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	4	0	0	38	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	48	0	0	0	48

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	48	0	0	0	48

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.03
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	12.00
Other Health Staff	6.00
Non-Health Staff	15.00
Totals	46.03

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%	2.2%	0.0%	0.0%	71.3%	100.0%		
1,056,575	86,019	0	0	2,841,084	3,983,678	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lieberman Center for Health & Rehabilitation
9700 Gross Point Road
Skokie, IL. 60076

Reference Numbers

Facility ID	6005375	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

Administrator
Michael Gottesman, Ph.D.

Contact Person and Telephone
Michael Gottesman, Ph.D.
847-929-3211

Registered Agent Information
Thomas Lockwood, CFO CJE Senior Life
3003 W. Touhy Avenue
Chicago, IL 60645

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	228
Total Admissions 2017	483
Total Discharges 2017	504
Residents on 12/31/2017	207

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	23
Blood Disorders	5
*Nervous System Non Alzheimer	7
Alzheimer Disease	10
Mental Illness	42
Developmental Disability	0
Circulatory System	28
Respiratory System	22
Digestive System	7
Genitourinary System Disorders	8
Skin Disorders	4
Musculo-skeletal Disorders	10
Injuries and Poisonings	14
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	207

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	240	240	0	0	207	33	240	216
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	240	240	0	0	207	33	240	216

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11075	12.6%	58083	73.7%	0	53	11278	0	80489	91.9%	91.9%
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%
TOTALS	11075	12.6%	58083	73.7%	0	53	11278	0	80489	91.9%	91.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	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	10	14	0	0	0	0	0	0	10	14	24
75 to 84	23	28	0	0	0	0	0	0	23	28	51
85+	28	96	0	0	0	0	0	0	28	96	124
TOTALS	65	142	0	0	0	0	0	0	65	142	207

Lieberman Center for Health & Rehabilitation
9700 Gross Point Road
Skokie, IL. 60076

Classification Numbers

Facility ID	6005375	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	155	0	1	28	0	207
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	155	0	1	28	0	207

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	161	0	0	0	161
Race Unknown	27	0	0	0	27
Total	203	0	0	0	203

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	1	0	0	0	1
Ethnicity Unknown	0	0	0	0	0
Total	4	0	0	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	26.00
LPN's	22.00
Certified Aides	105.00
Other Health Staff	11.00
Non-Health Staff	68.00
Totals	235.00

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
32.2%	39.8%	0.0%	0.0%	28.0%	100.0%		
6,924,488	8,563,267	0	0	6,034,245	21,522,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lincoln Terrace
2324 N. Kickapoo
Lincoln, IL. 62656

Reference Numbers

Facility ID	6012041	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

Administrator
Adam Tabor

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5545	94.9%	0	0	0	0	5545	94.9%	94.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5545	94.9%	0	0	0	0	5545	94.9%	94.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	2	0	0	3	2	5
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	4	1	0	0	4	1	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
TOTALS	0	0	0	0	10	5	0	0	10	5	15

Lincoln Terrace
2324 N. Kickapoo
Lincoln, IL. 62656

Classification Numbers

Facility ID	6012041	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	75.2%	2.2%	0.0%	22.6%	100.0%		
0	480,728	13,973	0	144,363	639,064	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LINCOLNWOOD PLACE
7000 NORTH MCCORMICK BLVD
Lincolnwood, IL. 60712

Reference Numbers

Facility ID	6013213	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

Administrator
Andrew P. Burke

Contact Person and Telephone
Andrew P. Burke
847-982-3413

Registered Agent Information
Steve Levy
303 East Upper Wacker Drive #2400
Chicago, IL 60601

Date Questionnaire Completed 4/2/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	57
Total Admissions 2017	219
Total Discharges 2017	225
Residents on 12/31/2017	51

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	7
Developmental Disability	0
Circulatory System	17
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	2
Non-Medical Conditions	4
TOTALS	51

Total Residents Diagnosed as Mentally Ill 32

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	40	40	39	40	29	11	40	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	25	25	25	25	22	3		
TOTAL BEDS	65	65	64	65	51	14	40	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5696	39.0%	0	0.0%	0	903	3958	0	10557	72.3%	72.3%
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	8931	0	8931	97.9%	97.9%
TOTALS	5696	39.0%	0	0.0%	0	903	12889	0	19488	82.1%	82.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	4	3	0	0	0	0	1	1	5	4	9
85+	6	11	0	0	0	0	7	13	13	24	37
TOTALS	13	16	0	0	0	0	8	14	21	30	51

LINCOLNWOOD PLACE
7000 NORTH MCCORMICK BLVD
Lincolnwood, IL. 60712

Classification Numbers

Facility ID	6013213	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	0	0	2	13	0	29
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	22	0	22
TOTALS	14	0	0	2	35	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	2	3
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	27	0	0	20	47
Race Unknown	0	0	0	0	0
Total	29	0	0	22	51

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	29	0	0	22	51
Ethnicity Unknown	0	0	0	0	0
Total	29	0	0	22	51

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	4.00
Certified Aides	20.00
Other Health Staff	13.00
Non-Health Staff	14.00
Totals	61.00

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
46.2%	0.0%	0.0%	7.1%	46.7%	100.0%		
3,030,217	0	0	466,693	3,068,107	6,565,017	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Linden Estate
1000 Linden Street
Morton, IL. 61550

Reference Numbers

Facility ID	6014054	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Crystal Streitmatter

Contact Person and Telephone
Matthew D. Steffen
309-266-9781

Registered Agent Information
Crystal Streitmatter - Apostolic Christian
2125 Veterans Road
Morton, IL 61550

Date Questionnaire Completed 4/10/2018

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	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			16	0.3%	0	0	0	0	16	0.3%	0.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	16	0.3%	0	0	0	0	16	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	2	0	0	4	2	6
45 to 59	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Linden Estate
1000 Linden Street
Morton, IL. 61550

Classification Numbers

Facility ID	6014054	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.25
Registered Nurses	2.50
LPN's	0.00
Certified Aides	22.21
Other Health Staff	1.00
Non-Health Staff	1.20
Totals	27.41

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%	81.4%	0.0%	0.0%	18.6%	100.0%		
0	557,707	0	0	127,020	684,727	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Linton Terrace
330 Linton
Wood River, IL. 62095

Reference Numbers

Facility ID	6013957	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Karen Jockisch

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michale Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	4
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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
TOTALS	4

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1458	99.9%	0	0	0	0	1458	99.9%	99.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1458	99.9%	0	0	0	0	1458	99.9%	99.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	2	2	0	0	2	2	4

Linton Terrace
330 Linton
Wood River, IL. 62095

Classification Numbers

Facility ID	6013957	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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
0.0%	83.9%	0.7%	0.0%	15.4%	100.0%		
0	259,545	2,107	0	47,595	309,247	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Little Sisters of the Poor of chicago/St. Mary's Ho
2325 N. Lakewood Ave.
Chicago, IL. 60614

Reference Numbers

Facility ID	6005563	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 7 - Lincoln Park

Administrator
Sr. Carolyn M. Martin, l.s.p.

Contact Person and Telephone
Sr. Carolyn Martin
773-484-8444

Registered Agent Information

Date Questionnaire Completed 5/8/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	71
Total Admissions 2017	11
Total Discharges 2017	15
Residents on 12/31/2017	67

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	4
Developmental Disability	0
Circulatory System	11
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	38
Non-Medical Conditions	0
TOTALS	67

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	76	76	73	76	67	9	0	76
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	76	76	73	76	67	9	0	76

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	22992	82.9%	0	0	1726	0	24718	89.1%	89.1%
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%
TOTALS	0	0.0%	22992	82.9%	0	0	1726	0	24718	89.1%	89.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	7	10	0	0	0	0	0	0	7	10	17
85+	9	34	0	0	0	0	0	0	9	34	43
TOTALS	19	48	0	0	0	0	0	0	19	48	67

Little Sisters of the Poor of chicago/St. Mary's Ho
2325 N. Lakewood Ave.
Chicago, IL. 60614

Classification Numbers

Facility ID	6005563	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 7 - Lincoln Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	1	0	0	0	1
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.45
Director of Nursing	1.00
Registered Nurses	8.20
LPN's	6.55
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	17.20

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
0.0%	69.2%	0.0%	0.0%	30.8%	100.0%		
0	2,617,148	0	0	1,162,532	3,779,680	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Little Village Nursing and Rehabilitation Center
2320 S. Lawndale
Chicago, IL. 60623

Reference Numbers

Facility ID	6007140	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 30 - South Lawndale

Administrator
Amy Skrypkun-Castro

Contact Person and Telephone
Amy Skrypkun-Castro
773-522-0400

Registered Agent Information
David Aronin
2201 Main St.
Evanston, IL 60202

Date Questionnaire Completed 4/13/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	98
Total Admissions 2017	70
Total Discharges 2017	68
Residents on 12/31/2017	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	5
Mental Illness	90
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 96

Total Residents Reported as Identified Offenders 26

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	106	106	104	106	100	6	14	106
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	106	106	104	106	100	6	14	106

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2151	42.1%	34259	88.5%	0	0	64	0	36474	94.3%	94.3%
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%
TOTALS	2151	42.1%	34259	88.5%	0	0	64	0	36474	94.3%	94.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	5	0	0	0	0	0	0	9	5	14
45 to 59	25	12	0	0	0	0	0	0	25	12	37
60 to 64	18	5	0	0	0	0	0	0	18	5	23
65 to 74	11	6	0	0	0	0	0	0	11	6	17
75 to 84	6	0	0	0	0	0	0	0	6	0	6
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	70	30	0	0	0	0	0	0	70	30	100

Little Village Nursing and Rehabilitation Center
2320 S. Lawndale
Chicago, IL. 60623

Classification Numbers

Facility ID	6007140	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 30 - South Lawndale

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	95	0	0	0	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	95	0	0	0	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	66	0	0	0	66
Hawaiian/Pacific Isl.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	8	0	0	0	8

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	18.30
Certified Aides	39.30
Other Health Staff	35.20
Non-Health Staff	32.80
Totals	129.60

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
15.4%	84.4%	0.0%	0.0%	0.2%	100.0%		
832,736	4,575,596	0	0	9,894	5,418,226	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Luther Oaks
601 Lutz Road
Bloomington, IL. 61704

Reference Numbers

Facility ID	6016943	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Douglas Rutter

Contact Person and Telephone
Douglas Rutter
309-557-8003

Registered Agent Information
Andrew Tecson
30 South Wacker Drive, Suite 2600
Chicago, IL 60606

Date Questionnaire Completed 3/19/2018

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	18
Total Admissions 2017	26
Total Discharges 2017	27
Residents on 12/31/2017	17

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	18	18	18	18	17	1	0	0
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	18	18	18	18	17	1	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	68	0.0%	0	0.0%	0	0	479	0	547	8.3%	8.3%
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%
TOTALS	68	0.0%	0	0.0%	0	0	479	0	547	8.3%	8.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	3	2	0	0	0	0	0	0	3	2	5
85+	1	11	0	0	0	0	0	0	1	11	12
TOTALS	4	13	0	0	0	0	0	0	4	13	17

Luther Oaks
601 Lutz Road
Bloomington, IL. 61704

Classification Numbers

Facility ID	6016943	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	0	0	0	15	0	17
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	0	0	0	15	0	17

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	17	0	0	0	17
Race Unknown	0	0	0	0	0
Total	17	0	0	0	17

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.48
LPN's	0.00
Certified Aides	9.70
Other Health Staff	1.00
Non-Health Staff	7.00
Totals	25.18

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
18.3%	0.0%	0.0%	0.0%	81.7%	100.0%		
201,810	0	0	0	898,800	1,100,610	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lutheran Care Center
702 W. Cumberland Road
Altamont, IL. 62411

Reference Numbers

Facility ID	6005599	
Health Service Area	005	
Planning Service Area	049	Effingham
County	049	Effingham County

Administrator
Karen Hille

Contact Person and Telephone
Karen Hille
618-483-6136

Registered Agent Information
Karen Hille
702 W. Cumberland Road
Altamont, IL 62411

Date Questionnaire Completed 4/2/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	66
Total Admissions 2017	93
Total Discharges 2017	104
Residents on 12/31/2017	55

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	55

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	96	96	66	96	55	41	96	96
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	96	96	66	96	55	41	96	96

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3041	8.7%	5801	16.6%	62	717	13475	0	23096	65.9%	65.9%
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%
TOTALS	3041	8.7%	5801	16.6%	62	717	13475	0	23096	65.9%	65.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	6	35	0	0	0	0	0	0	6	35	41
TOTALS	9	46	0	0	0	0	0	0	9	46	55

Lutheran Care Center
702 W. Cumberland Road
Altamont, IL. 62411

Classification Numbers

Facility ID	6005599	
Health Service Area	005	
Planning Service Area	049	Effingham
County	049	Effingham County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	8	0	0	37	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	8	0	0	37	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	4.00
Certified Aides	44.00
Other Health Staff	17.00
Non-Health Staff	37.00
Totals	112.00

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
20.5%	19.7%	0.0%	0.0%	59.8%	100.0%		
885,333	849,321	0	0	2,583,971	4,318,625	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LUTHERAN HOME FOR THE AGED
800 WEST OAKTON STREET
Arlington Heights, IL. 60004

Reference Numbers

Facility ID	6005607	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Wheeling Township

Administrator
Sarah Kurth

Contact Person and Telephone
Sarah Kurth
847-368-7459

Registered Agent Information
Shareen Anderson
3150 Salt Creek LAne
Arlington Heights, IL 60005

Date Questionnaire Completed 4/11/2018

Continuing Care Retirement Community

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	334
Total Admissions 2017	1,540
Total Discharges 2017	1,569
Residents on 12/31/2017	305

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	26
Blood Disorders	0
*Nervous System Non Alzheimer	65
Alzheimer Disease	68
Mental Illness	0
Developmental Disability	0
Circulatory System	38
Respiratory System	36
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	34
Injuries and Poisonings	38
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	305

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	334	334	322	334	305	29	180	151
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	46	46	19	46	0	46		
TOTAL BEDS	380	380	341	380	305	75	180	151

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	34596	52.7%	20609	37.4%	0	5700	47283	5	108193	88.7%	88.7%
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	5523	0	5523	32.9%	32.9%
TOTALS	34596	52.7%	20609	37.4%	0	5700	52806	5	113716	82.0%	82.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	8	9	0	0	0	0	0	0	8	9	17
75 to 84	29	44	0	0	0	0	0	0	29	44	73
85+	49	164	0	0	0	0	0	0	49	164	213
TOTALS	86	219	0	0	0	0	0	0	86	219	305

LUTHERAN HOME FOR THE AGED
800 WEST OAKTON STREET
Arlington Heights, IL. 60004

Classification Numbers

Facility ID	6005607	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Wheeling Township

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	51	0	14	145	0	305
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	95	51	0	14	145	0	305

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	305	0	0	0	305
Race Unknown	0	0	0	0	0
Total	305	0	0	0	305

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	305	0	0	0	305
Ethnicity Unknown	0	0	0	0	0
Total	305	0	0	0	305

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	74.58
LPN's	8.34
Certified Aides	158.58
Other Health Staff	31.32
Non-Health Staff	161.34
Totals	436.16

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
32.1%	7.6%	0.0%	4.9%	55.4%	100.0%		
16,910,005	3,986,078	0	2,597,683	29,127,779	52,621,545	1,253,704	2.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

5/24/2016 Discontinued 12 Nursing Care beds. Facility now has 334 Nursing Care beds.

LYNWOOD ESTATES
301 RODDY ROAD
Salem, IL. 62881

Reference Numbers

Facility ID	6012520	
Health Service Area	005	
Planning Service Area	121	Marion
County	121	Marion County

Administrator
Georgia Miller

Contact Person and Telephone
Cristy Bixler
618-548-0353

Registered Agent Information
Marvin Miller
623 East Broadway
Centralia, IL 62801

Date Questionnaire Completed 4/27/2018

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	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	0
Total Discharges 2017	2
Residents on 12/31/2017	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	13	3	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			505618	######	11574	0	83322	0	600514	10282.8%	10282.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	505618	######	11574	0	83322	0	600514	10282.8%	10282.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	3	1	0	0	3	1	4
65 to 74	0	0	0	0	2	2	0	0	2	2	4
75 to 84	0	0	0	0	2	2	0	0	2	2	4
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	8	7	0	0	8	7	15

LYNWOOD ESTATES
301 RODDY ROAD
Salem, IL. 62881

Classification Numbers

Facility ID	6012520	
Health Service Area	005	
Planning Service Area	121	Marion
County	121	Marion County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	1.00
Certified Aides	10.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	14.00

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
0.0%	84.2%	1.9%	0.0%	13.9%	100.0%		
0	505,618	11,574	0	83,322	600,514	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lynwood Terrace
2317 E. 207th St
Lynwood , IL. 60411

Reference Numbers

Facility ID	6013809	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

Administrator
Angela Noland

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	6
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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
TOTALS	6

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	1	0	0	2	1	3
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	4	2	0	0	4	2	6

Lynwood Terrace
2317 E. 207th St
Lynwood , IL. 60411

Classification Numbers

Facility ID	6013809	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	6	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	0	6	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	2	0	2
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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
0.0%	86.2%	2.4%	0.0%	11.5%	100.0%		
0	344,335	9,408	0	45,760	399,503	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Madison Terrace
95 North Main Street
Wood River , IL. 62095

Reference Numbers

Facility ID	6013940	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Theresa Schulte

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	4
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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
TOTALS	4

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1454	99.6%	0	0	0	0	1454	99.6%	99.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1454	99.6%	0	0	0	0	1454	99.6%	99.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	0	0	0	2	0	2
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	4	0	0	0	4	0	4

Madison Terrace
95 North Main Street
Wood River , IL. 62095

Classification Numbers

Facility ID	6013940	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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
0.0%	95.8%	2.0%	0.0%	2.2%	100.0%		
0	300,007	6,321	0	6,900	313,228	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MADO Healthcare - Buena Park
940 W. Cullom Ave.
Chicago, IL. 60613

Reference Numbers

Facility ID	6005763	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

Administrator
Annette Brandt

Contact Person and Telephone
Annette Brandt
773-525-9000 ext 322

Registered Agent Information

Date Questionnaire Completed 4/6/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	95
Total Admissions 2017	57
Total Discharges 2017	56
Residents on 12/31/2017	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	96
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
TOTALS	96

Total Residents Diagnosed as Mentally Ill 96

Total Residents Reported as Identified Offenders 24

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	98	99	96	3	0	99
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	99	99	98	99	96	3	0	99

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	32950	91.2%	0	0	0	0	32950	91.2%	91.2%
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%
TOTALS	0	0.0%	32950	91.2%	0	0	0	0	32950	91.2%	91.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	17	13	0	0	0	0	0	0	17	13	30
45 to 59	26	14	0	0	0	0	0	0	26	14	40
60 to 64	4	8	0	0	0	0	0	0	4	8	12
65 to 74	10	2	0	0	0	0	0	0	10	2	12
75 to 84	2	0	0	0	0	0	0	0	2	0	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	59	37	0	0	0	0	0	0	59	37	96

MADO Healthcare - Buena Park
940 W. Cullom Ave.
Chicago, IL. 60613

Classification Numbers

Facility ID	6005763	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	96	0	0	0	0	96
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	96	0	0	0	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	36	0	0	0	36
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	10	0	0	0	10
Total	96	0	0	0	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	5.20
Certified Aides	12.60
Other Health Staff	1.00
Non-Health Staff	41.80
Totals	62.60

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	3,630,821	0	0	0	3,630,821	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MADO HEALTHCARE - OLD TOWN
1121 NORTH ORLEANS
Chicago, IL. 60610

Reference Numbers

Facility ID	6005755	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 8 - Near North Side

Administrator
Elisa Maurer

Contact Person and Telephone
Elisa Maurer
312-883-9231

Registered Agent Information

Date Questionnaire Completed 4/15/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	126
Total Admissions 2017	107
Total Discharges 2017	100
Residents on 12/31/2017	133

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	123
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
TOTALS	123

Total Residents Diagnosed as Mentally Ill 123

Total Residents Reported as Identified Offenders 27

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	135	0	0	131	123	12	0	135
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	135	0	0	131	123	12	0	135

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	118	0.2%	0	0	5	0	123	0.2%	0.0%
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%
TOTALS	0	0.0%	118	0.2%	0	0	5	0	123	0.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	30	10	0	0	0	0	0	0	30	10	40
45 to 59	31	15	0	0	0	0	0	0	31	15	46
60 to 64	19	7	0	0	0	0	0	0	19	7	26
65 to 74	7	3	0	0	0	0	0	0	7	3	10
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
TOTALS	87	36	0	0	0	0	0	0	87	36	123

MADO HEALTHCARE - OLD TOWN
1121 NORTH ORLEANS
Chicago, IL. 60610

Classification Numbers

Facility ID	6005755	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 8 - Near North Side

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	118	0	0	5	0	123
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	118	0	0	5	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	55	0	0	0	55
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	1	0	0	0	1
Total	109	0	0	0	109

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	14	0	0	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	4.00
Certified Aides	13.87
Other Health Staff	0.00
Non-Health Staff	37.72
Totals	58.59

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
0.0%	99.4%	0.0%	0.0%	0.6%	100.0%		
0	4,752,554	0	0	27,378	4,779,932	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MADO HEALTHCARE - UPTOWN
4621 NORTH RACINE AVENUE
Chicago, IL. 60640

Reference Numbers

Facility ID	6009013	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

Administrator
Mardelle Gibbs

Contact Person and Telephone
Mardelle Gibbs
773-784-2300 x409

Registered Agent Information
Peter O'Brien
1544 North Wells St.
Chicago, IL 60610

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	128
Total Admissions 2017	31
Total Discharges 2017	38
Residents on 12/31/2017	121

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	44
Blood Disorders	3
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	40
Respiratory System	13
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	121

Total Residents Diagnosed as Mentally Ill 121

Total Residents Reported as Identified Offenders 12

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	132	132	0	132	121	11	0	132
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	132	132	0	132	121	11	0	132

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	13	13	0	0	0	0	0	0	13	13	26
60 to 64	13	9	0	0	0	0	0	0	13	9	22
65 to 74	29	25	0	0	0	0	0	0	29	25	54
75 to 84	7	10	0	0	0	0	0	0	7	10	17
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	63	58	0	0	0	0	0	0	63	58	121

MADO HEALTHCARE - UPTOWN
4621 NORTH RACINE AVENUE
Chicago, IL. 60640

Classification Numbers

Facility ID	6009013	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	121	0	0	0	0	121
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	121	0	0	0	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	0	0	0	0	0
Black	41	0	0	0	41
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	110	0	0	0	110
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.48
LPN's	13.85
Certified Aides	25.56
Other Health Staff	0.00
Non-Health Staff	48.48
Totals	94.37

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	5,183,408	0	0	0	5,183,408	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MADO HEALTHCARE DOUGLAS PARK
1550 S. ALBANY AVE.
Chicago , IL. 60623

Reference Numbers

Facility ID	6008320	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 29 - North Lawndale

Administrator
TINA MENIER

Contact Person and Telephone
ARNETTA PERRY
773-277-6868 EXT. 112

Registered Agent Information
PETER J. O'BRIEN
1541 N. WELLS STREET
Chicago, IL 60610

Date Questionnaire Completed 4/10/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	152
Total Admissions 2017	212
Total Discharges 2017	214
Residents on 12/31/2017	150

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	150
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
TOTALS	150

Total Residents Diagnosed as Mentally Ill 150

Total Residents Reported as Identified Offenders 50

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	172	172	160	172	150	22	0	172
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	172	172	160	172	150	22	0	172

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	53106	84.6%	0	38	365	0	53509	85.2%	85.2%
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%
TOTALS	0	0.0%	53106	84.6%	0	38	365	0	53509	85.2%	85.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	48	19	0	0	0	0	0	0	48	19	67
45 to 59	36	16	0	0	0	0	0	0	36	16	52
60 to 64	7	8	0	0	0	0	0	0	7	8	15
65 to 74	11	4	0	0	0	0	0	0	11	4	15
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
TOTALS	102	48	0	0	0	0	0	0	102	48	150

MADO HEALTHCARE DOUGLAS PARK
1550 S. ALBANY AVE.
Chicago , IL. 60623

Classification Numbers

Facility ID	6008320	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 29 - North Lawndale

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	149	0	0	1	0	150
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	149	0	0	1	0	150

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	86	0	0	0	86
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	4	0	0	0	4
Total	150	0	0	0	150

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	136	0	0	0	136
Ethnicity Unknown	4	0	0	0	4
Total	150	0	0	0	150

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	14.00
Other Health Staff	54.00
Non-Health Staff	7.00
Totals	88.00

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
0.0%	99.1%	0.0%	0.2%	0.7%	100.0%		
0	6,280,059	0	13,300	45,946	6,339,305	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Mahoney House
6300 N. Ridge Ave
Chicago, IL. 60660

Reference Numbers

Facility ID	6010318	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Kristin Nichols

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Date Questionnaire Completed 3/28/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	2
Total Discharges 2017	4
Residents on 12/31/2017	10

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	10
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
TOTALS	10

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	10	2		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	10	2	0	12

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4233	96.6%	0	0	0	0	4233	96.6%	96.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4233	96.6%	0	0	0	0	4233	96.6%	96.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	6	0	0	0	6	6
45 to 59	0	0	0	0	0	4	0	0	0	4	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	0	10	0	0	0	10	10

Mahoney House
6300 N. Ridge Ave
Chicago, IL. 60660

Classification Numbers

Facility ID	6010318	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		10	0	0	0	0	10
Sheltered Care			0	0	0	0	0
TOTALS	0	10	0	0	0	0	10

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	10	0	10

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	9	0	9
Ethnicity Unknown	0	0	0	0	0
Total	0	0	10	0	10

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.22
Physicians	0.09
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	9.97
Other Health Staff	4.40
Non-Health Staff	0.23
Totals	15.02

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%	85.5%	0.0%	0.0%	14.5%	100.0%		
0	647,296	0	0	109,713	757,009	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Care at Arlington Heights
715 W Central Rd.
Arlington Heights, IL. 60005

Reference Numbers

Facility ID	6000228	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Elk Grove Township

Administrator
Anne Berg

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	83
Total Admissions 2017	800
Total Discharges 2017	803
Residents on 12/31/2017	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	9
Skin Disorders	2
Musculo-skeletal Disorders	12
Injuries and Poisonings	3
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	80

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	151	119	108	112	80	71	151	129
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	151	119	108	112	80	71	151	129

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9648	17.5%	14446	30.7%	0	5442	2992	0	32528	59.0%	74.9%
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%
TOTALS	9648	17.5%	14446	30.7%	0	5442	2992	0	32528	59.0%	74.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	5	0	0	0	0	0	0	4	5	9
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	5	10	0	0	0	0	0	0	5	10	15
75 to 84	9	10	0	0	0	0	0	0	9	10	19
85+	11	24	0	0	0	0	0	0	11	24	35
TOTALS	30	50	0	0	0	0	0	0	30	50	80

Manor Care at Arlington Heights
715 W Central Rd.
Arlington Heights, IL. 60005

Classification Numbers

Facility ID	6000228	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Elk Grove Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	44	0	5	10	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	44	0	5	10	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	1	0	0	0	1
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	4.00
Certified Aides	28.00
Other Health Staff	22.00
Non-Health Staff	34.00
Totals	111.00

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
47.2%	20.0%	0.0%	23.5%	9.2%	100.0%		
5,716,194	2,426,135	0	2,848,659	1,111,786	12,102,774	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Care of Elk Grove Village IL, LLC
1920 Nerge Rd.
Elk Grove Village, IL. 60007

Reference Numbers

Facility ID	6012686	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Elk Grove Township

Administrator
Michelle Pardun

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	154
Total Admissions 2017	1,299
Total Discharges 2017	1,295
Residents on 12/31/2017	158

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	31
Respiratory System	18
Digestive System	0
Genitourinary System Disorders	9
Skin Disorders	3
Musculo-skeletal Disorders	33
Injuries and Poisonings	30
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	158

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	190	185	183	185	158	32	190	190
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	190	185	183	185	158	32	190	190

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	21681	31.3%	24038	34.7%	0	8787	4883	0	59389	85.6%	88.0%
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%
TOTALS	21681	31.3%	24038	34.7%	0	8787	4883	0	59389	85.6%	88.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	9	0	0	0	0	0	0	2	9	11
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	9	19	0	0	0	0	0	0	9	19	28
75 to 84	21	26	0	0	0	0	0	0	21	26	47
85+	13	52	0	0	0	0	0	0	13	52	65
TOTALS	50	108	0	0	0	0	0	0	50	108	158

Manor Care of Elk Grove Village IL, LLC
1920 Nerge Rd.
Elk Grove Village, IL. 60007

Classification Numbers

Facility ID	6012686	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Elk Grove Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	56	70	0	18	14	0	158
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	56	70	0	18	14	0	158

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	13	0	0	0	13
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	135	0	0	0	135
Race Unknown	0	0	0	0	0
Total	158	0	0	0	158

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	156	0	0	0	156
Ethnicity Unknown	0	0	0	0	0
Total	158	0	0	0	158

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	39.00
LPN's	11.00
Certified Aides	58.00
Other Health Staff	15.00
Non-Health Staff	55.00
Totals	180.00

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
57.1%	18.2%	0.0%	15.5%	9.1%	100.0%		
13,055,613	4,164,824	0	3,544,327	2,088,829	22,853,593	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Care of Hinsdale IL, LLC
600 W Ogden Ave.
Hinsdale, IL. 60521

Reference Numbers

Facility ID	6006332	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Downers Grove Township

Administrator
Katherine Marrero

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	139
Total Admissions 2017	1,397
Total Discharges 2017	1,382
Residents on 12/31/2017	154

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	3
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	36
Respiratory System	14
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	5
Musculo-skeletal Disorders	23
Injuries and Poisonings	16
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	154

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	202	187	162	187	154	48	202	54
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	202	187	162	187	154	48	202	54

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	23144	31.4%	13443	68.2%	0	9492	6112	0	52191	70.8%	76.5%
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%
TOTALS	23144	31.4%	13443	68.2%	0	9492	6112	0	52191	70.8%	76.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	3	6	0	0	0	0	0	0	3	6	9
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	14	20	0	0	0	0	0	0	14	20	34
75 to 84	17	20	0	0	0	0	0	0	17	20	37
85+	21	44	0	0	0	0	0	0	21	44	65
TOTALS	61	93	0	0	0	0	0	0	61	93	154

Manor Care of Hinsdale IL, LLC
600 W Ogden Ave.
Hinsdale, IL. 60521

Classification Numbers

Facility ID	6006332	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Downers Grove Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	62	40	0	32	20	0	154
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	62	40	0	32	20	0	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	137	0	0	0	137
Race Unknown	4	0	0	0	4
Total	154	0	0	0	154

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	146	0	0	0	146
Ethnicity Unknown	0	0	0	0	0
Total	154	0	0	0	154

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	13.00
Certified Aides	57.00
Other Health Staff	19.00
Non-Health Staff	48.00
Totals	169.00

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
62.8%	9.6%	0.0%	17.5%	10.1%	100.0%		
14,572,667	2,228,185	0	4,050,001	2,355,151	23,206,004	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Care of Homewood IL, LLC
940 Maple Ave
Homewood, IL. 60430

Reference Numbers

Facility ID	6012611	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

Administrator
Frank Troha

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	123
Total Admissions 2017	838
Total Discharges 2017	861
Residents on 12/31/2017	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	28
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	132	132	120	132	100	32	132	85
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	132	132	120	132	100	32	132	85

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9987	20.7%	21566	69.5%	0	6513	719	0	38785	80.5%	80.5%
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%
TOTALS	9987	20.7%	21566	69.5%	0	6513	719	0	38785	80.5%	80.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	3	0	0	0	0	0	0	0	3	3
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	7	14	0	0	0	0	0	0	7	14	21
75 to 84	10	27	0	0	0	0	0	0	10	27	37
85+	4	22	0	0	0	0	0	0	4	22	26
TOTALS	28	72	0	0	0	0	0	0	28	72	100

Manor Care of Homewood IL, LLC
940 Maple Ave
Homewood, IL. 60430

Classification Numbers

Facility ID	6012611	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	47	9	17	2	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	47	9	17	2	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	69	0	0	0	69
Hawaiian/Pacific Isl.	0	0	0	0	0
White	28	0	0	0	28
Race Unknown	2	0	0	0	2
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	12.00
Certified Aides	30.00
Other Health Staff	14.00
Non-Health Staff	35.00
Totals	111.00

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
45.0%	30.7%	0.0%	22.5%	1.7%	100.0%		
5,683,208	3,877,766	0	2,835,073	220,734	12,616,781	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Care of Libertyville IL, LLC
1500 S. Milwaukee
Libertyville, IL. 60048

Reference Numbers

Facility ID	6010482	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Lisa Ulm

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	112
Total Admissions 2017	1,143
Total Discharges 2017	1,159
Residents on 12/31/2017	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	4
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	96

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	130	124	130	96	54	150	61
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	150	130	124	130	96	54	150	61

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14451	26.4%	15849	71.2%	0	6862	2219	0	39381	71.9%	83.0%
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%
TOTALS	14451	26.4%	15849	71.2%	0	6862	2219	0	39381	71.9%	83.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	6	3	0	0	0	0	0	0	6	3	9
65 to 74	10	12	0	0	0	0	0	0	10	12	22
75 to 84	10	19	0	0	0	0	0	0	10	19	29
85+	11	18	0	0	0	0	0	0	11	18	29
TOTALS	40	56	0	0	0	0	0	0	40	56	96

Manor Care of Libertyville IL, LLC
1500 S. Milwaukee
Libertyville, IL. 60048

Classification Numbers

Facility ID	6010482	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	39	0	18	4	0	96
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	35	39	0	18	4	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	93	0	0	0	93
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	11.00
Certified Aides	34.00
Other Health Staff	34.00
Non-Health Staff	36.00
Totals	136.00

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
54.6%	19.2%	0.0%	20.9%	5.3%	100.0%		
8,376,608	2,945,103	0	3,200,146	811,592	15,333,449	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Care of Naperville IL, LLC
200 Martin Ave.
Naperville, IL. 60540

Reference Numbers

Facility ID	6000251	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Naperville Township

Administrator
Danielle King

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60646

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	64
Total Admissions 2017	915
Total Discharges 2017	912
Residents on 12/31/2017	67

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	0
Circulatory System	11
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	8
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	67

Total Residents Diagnosed as Mentally Ill 56

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	118	97	94	97	67	51	115	115
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	118	97	94	97	67	51	115	115

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5766	13.7%	13955	33.2%	0	7266	2250	0	29237	67.9%	82.6%
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%
TOTALS	5766	13.7%	13955	33.2%	0	7266	2250	0	29237	67.9%	82.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	3	3	6
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	8	8	0	0	0	0	0	0	8	8	16
75 to 84	4	11	0	0	0	0	0	0	4	11	15
85+	6	16	0	0	0	0	0	0	6	16	22
TOTALS	23	44	0	0	0	0	0	0	23	44	67

Manor Care of Naperville IL, LLC
200 Martin Ave.
Naperville, IL. 60540

Classification Numbers

Facility ID	6000251	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Naperville Township

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	39	0	12	6	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	39	0	12	6	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	4	0	0	0	4
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	4	0	0	0	4
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	4.00
Certified Aides	24.00
Other Health Staff	15.00
Non-Health Staff	31.00
Totals	96.00

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
34.1%	23.2%	0.0%	35.4%	7.3%	100.0%		
3,160,306	2,148,934	0	3,286,118	681,367	9,276,725	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Care of Northbrook IL, LLC
3300 Milwaukee Ave.
Northbrook, IL. 60062

Reference Numbers

Facility ID	6015168	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Northfield Township

Administrator
Brooke Schueller

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	127
Total Admissions 2017	521
Total Discharges 2017	541
Residents on 12/31/2017	107

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	19
Mental Illness	20
Developmental Disability	1
Circulatory System	33
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	107

Total Residents Diagnosed as Mentally Ill 20

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	158	147	126	147	107	51	158	129
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	158	147	126	147	107	51	158	129

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7649	13.3%	27912	59.3%	0	2296	2405	0	40262	69.8%	75.0%
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%
TOTALS	7649	13.3%	27912	59.3%	0	2296	2405	0	40262	69.8%	75.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	4	0	0	0	0	0	0	2	4	6
60 to 64	1	5	0	0	0	0	0	0	1	5	6
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	12	19	0	0	0	0	0	0	12	19	31
85+	7	45	0	0	0	0	0	0	7	45	52
TOTALS	26	81	0	0	0	0	0	0	26	81	107

Manor Care of Northbrook IL, LLC
3300 Milwaukee Ave.
Northbrook, IL. 60062

Classification Numbers

Facility ID	6015168	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Northfield Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	81	0	4	5	0	107
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	81	0	4	5	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	2	0	0	0	2
Total	107	0	0	0	107

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	2	0	0	0	2
Total	107	0	0	0	107

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	7.00
Certified Aides	38.00
Other Health Staff	16.00
Non-Health Staff	41.00
Totals	124.00

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
40.9%	39.0%	0.0%	12.4%	7.7%	100.0%		
5,101,106	4,869,796	0	1,551,058	957,596	12,479,556	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Care of Oak Lawn (East) IL, LLC
9401 S Kostner Ave.
Oak Lawn, IL. 60453

Reference Numbers

Facility ID	6000236	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

Administrator
Kelly Ciger

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	91
Total Admissions 2017	1,286
Total Discharges 2017	1,274
Residents on 12/31/2017	103

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	4
Musculo-skeletal Disorders	13
Injuries and Poisonings	6
Other Medical Conditions	51
Non-Medical Conditions	0
TOTALS	103

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	122	122	118	122	103	19	122	66
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	122	122	118	122	103	19	122	66

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10608	23.8%	15047	62.5%	0	9212	2625	0	37492	84.2%	84.2%
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%
TOTALS	10608	23.8%	15047	62.5%	0	9212	2625	0	37492	84.2%	84.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	4	0	0	0	0	0	0	4	4	8
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	9	14	0	0	0	0	0	0	9	14	23
75 to 84	14	27	0	0	0	0	0	0	14	27	41
85+	7	18	0	0	0	0	0	0	7	18	25
TOTALS	37	66	0	0	0	0	0	0	37	66	103

Manor Care of Oak Lawn (East) IL, LLC
9401 S Kostner Ave.
Oak Lawn, IL. 60453

Classification Numbers

Facility ID	6000236	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	44	0	23	5	0	103
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	44	0	23	5	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	72	0	0	0	72
Hawaiian/Pacific Isl.	0	0	0	0	0
White	31	0	0	0	31
Race Unknown	0	0	0	0	0
Total	103	0	0	0	103

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	103	0	0	0	103
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	11.00
Certified Aides	35.00
Other Health Staff	33.00
Non-Health Staff	42.00
Totals	143.00

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
45.5%	19.3%	0.0%	29.5%	5.7%	100.0%		
5,750,850	2,441,511	0	3,726,075	722,736	12,641,172	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Care of Oak Lawn (West) IL, LLC
6300 W 95th St.
Oak Lawn, IL. 60453

Reference Numbers

Facility ID	6000343	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

Administrator
Christopher Correll

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	107
Total Admissions 2017	1,454
Total Discharges 2017	1,437
Residents on 12/31/2017	124

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	1
Circulatory System	40
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	9
Skin Disorders	5
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	124

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	192	157	135	157	124	68	191	108
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	157	135	157	124	68	191	108

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11675	16.7%	16015	40.6%	0	10974	2457	0	41121	58.7%	71.8%
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%
TOTALS	11675	16.7%	16015	40.6%	0	10974	2457	0	41121	58.7%	71.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	6	6	0	0	0	0	0	0	6	6	12
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	9	14	0	0	0	0	0	0	9	14	23
75 to 84	13	16	0	0	0	0	0	0	13	16	29
85+	9	41	0	0	0	0	0	0	9	41	50
TOTALS	41	83	0	0	0	0	0	0	41	83	124

Manor Care of Oak Lawn (West) IL, LLC
6300 W 95th St.
Oak Lawn, IL. 60453

Classification Numbers

Facility ID	6000343	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	46	0	28	9	0	124
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	41	46	0	28	9	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	72	0	0	0	72
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	5	0	0	0	5
Total	124	0	0	0	124

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	119	0	0	0	119
Ethnicity Unknown	0	0	0	0	0
Total	124	0	0	0	124

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	28.00
LPN's	11.00
Certified Aides	37.00
Other Health Staff	30.00
Non-Health Staff	42.00
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
48.6%	18.2%	0.0%	28.4%	4.8%	100.0%		
7,709,106	2,888,032	0	4,508,990	768,373	15,874,501	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Care of Palos Heights (West) IL, LLC
11860 Southwest Hwy.
Palos Heights, IL. 60463

Reference Numbers

Facility ID	6014534	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Palos Township

Administrator
Renee Mills

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	93
Total Admissions 2017	649
Total Discharges 2017	650
Residents on 12/31/2017	92

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	4
*Nervous System Non Alzheimer	15
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	8
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	92

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	130	130	106	130	92	38	130	52
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	130	130	106	130	92	38	130	52

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10960	23.1%	15994	84.3%	0	4870	2346	0	34170	72.0%	72.0%
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%
TOTALS	10960	23.1%	15994	84.3%	0	4870	2346	0	34170	72.0%	72.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	2	0	0	0	0	0	0	3	2	5
45 to 59	5	4	0	0	0	0	0	0	5	4	9
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	10	17	0	0	0	0	0	0	10	17	27
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	5	21	0	0	0	0	0	0	5	21	26
TOTALS	34	58	0	0	0	0	0	0	34	58	92

Manor Care of Palos Heights (West) IL, LLC
11860 Southwest Hwy.
Palos Heights, IL. 60463

Classification Numbers

Facility ID	6014534	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Palos Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	47	0	9	11	0	92
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	47	0	9	11	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	1	0	0	0	1
Total	92	0	0	0	92

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	1	0	0	0	1
Total	92	0	0	0	92

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	7.00
Certified Aides	33.00
Other Health Staff	11.00
Non-Health Staff	33.00
Totals	107.00

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
59.3%	21.3%	0.0%	14.5%	4.9%	100.0%		
8,166,996	2,935,657	0	1,991,418	675,628	13,769,699	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Care of Palos Heights IL, LLC
7850 West College Dr
Palos Heights, IL. 60463

Reference Numbers

Facility ID	6010912	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Palos Township

Administrator
Kimberly Saggese

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	143
Total Admissions 2017	1,608
Total Discharges 2017	1,611
Residents on 12/31/2017	140

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	32
Respiratory System	15
Digestive System	6
Genitourinary System Disorders	8
Skin Disorders	3
Musculo-skeletal Disorders	33
Injuries and Poisonings	0
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	140

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	184	178	153	178	140	44	184	90
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	184	178	153	178	140	44	184	90

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	23056	34.3%	13169	40.1%	0	7515	3328	0	47068	70.1%	72.4%
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%
TOTALS	23056	34.3%	13169	40.1%	0	7515	3328	0	47068	70.1%	72.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	0	0	0	0	0	0	3	4	7
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	11	17	0	0	0	0	0	0	11	17	28
75 to 84	12	38	0	0	0	0	0	0	12	38	50
85+	13	33	0	0	0	0	0	0	13	33	46
TOTALS	43	97	0	0	0	0	0	0	43	97	140

Manor Care of Palos Heights IL, LLC
7850 West College Dr
Palos Heights, IL. 60463

Classification Numbers

Facility ID	6010912	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Palos Township

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	46	0	17	6	0	140
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	71	46	0	17	6	0	140

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pacific Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	9	0	0	0	9
Total	140	0	0	0	140

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	138	0	0	0	138
Ethnicity Unknown	0	0	0	0	0
Total	140	0	0	0	140

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	26.00
LPN's	10.00
Certified Aides	47.00
Other Health Staff	20.00
Non-Health Staff	53.00
Totals	158.00

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
71.3%	8.2%	0.0%	15.2%	5.3%	100.0%		
17,191,699	1,978,718	0	3,655,049	1,270,860	24,096,326	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Care of Rolling Meadows IL, LLC
4225 Kirchoff Rd.
Rolling Meadows, IL. 60008

Reference Numbers

Facility ID	6000327	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Palatine Township

Administrator
Kathryn Berg

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	114
Total Admissions 2017	259
Total Discharges 2017	279
Residents on 12/31/2017	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	10
Mental Illness	10
Developmental Disability	0
Circulatory System	21
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	12
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	94

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	155	142	121	142	94	61	155	152
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	155	142	121	142	94	61	155	152

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4073	7.2%	23712	42.7%	0	1087	7718	0	36590	64.7%	70.6%
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%
TOTALS	4073	7.2%	23712	42.7%	0	1087	7718	0	36590	64.7%	70.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	5	3	8
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	15	0	0	0	0	0	0	5	15	20
75 to 84	7	17	0	0	0	0	0	0	7	17	24
85+	9	31	0	0	0	0	0	0	9	31	40
TOTALS	27	67	0	0	0	0	0	0	27	67	94

Manor Care of Rolling Meadows IL, LLC
4225 Kirchoff Rd.
Rolling Meadows, IL. 60008

Classification Numbers

Facility ID	6000327	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Palatine Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	62	0	2	18	0	94
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	62	0	2	18	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	8.00
Certified Aides	29.00
Other Health Staff	20.00
Non-Health Staff	32.00
Totals	102.00

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
30.2%	42.6%	0.0%	5.8%	21.4%	100.0%		
3,071,383	4,325,309	0	589,571	2,172,556	10,158,819	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Care of South Holland IL, LLC
2145 E 170th St.
South Holland, IL. 60473

Reference Numbers

Facility ID	6011589	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

Administrator
Pamela Chappell

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	123
Total Admissions 2017	886
Total Discharges 2017	885
Residents on 12/31/2017	124

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	34
Respiratory System	11
Digestive System	7
Genitourinary System Disorders	14
Skin Disorders	2
Musculo-skeletal Disorders	19
Injuries and Poisonings	12
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	124

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	216	202	144	202	124	92	200	162
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	202	144	202	124	92	200	162

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12030	16.5%	23850	40.3%	0	8502	1909	0	46291	58.7%	62.8%
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%
TOTALS	12030	16.5%	23850	40.3%	0	8502	1909	0	46291	58.7%	62.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	9	6	0	0	0	0	0	0	9	6	15
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	11	11	0	0	0	0	0	0	11	11	22
75 to 84	9	28	0	0	0	0	0	0	9	28	37
85+	5	29	0	0	0	0	0	0	5	29	34
TOTALS	45	79	0	0	0	0	0	0	45	79	124

Manor Care of South Holland IL, LLC
2145 E 170th St.
South Holland, IL. 60473

Classification Numbers

Facility ID	6011589	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	64	0	20	7	0	124
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	64	0	20	7	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	92	0	0	0	92
Hawaiian/Pacific Isl.	0	0	0	0	0
White	31	0	0	0	31
Race Unknown	0	0	0	0	0
Total	124	0	0	0	124

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	118	0	0	0	118
Ethnicity Unknown	0	0	0	0	0
Total	124	0	0	0	124

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	21.00
Certified Aides	47.00
Other Health Staff	13.00
Non-Health Staff	43.00
Totals	144.00

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
45.3%	27.9%	0.0%	23.1%	3.8%	100.0%		
7,050,422	4,341,069	0	3,594,685	589,052	15,575,228	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Care of Westmont IL, LLC
512 E Ogden Ave.
Westmont, IL. 60559

Reference Numbers

Facility ID	6000335	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Downers Grove Township

Administrator
Katherine Gillman

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	100
Total Admissions 2017	762
Total Discharges 2017	762
Residents on 12/31/2017	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	30
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	6
Musculo-skeletal Disorders	4
Injuries and Poisonings	10
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 69

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	149	131	111	131	100	49	149	71
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	149	131	111	131	100	49	149	71

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7957	14.6%	20162	77.8%	0	5427	1755	0	35301	64.9%	73.8%
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%
TOTALS	7957	14.6%	20162	77.8%	0	5427	1755	0	35301	64.9%	73.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	10	6	0	0	0	0	0	0	10	6	16
60 to 64	6	7	0	0	0	0	0	0	6	7	13
65 to 74	8	16	0	0	0	0	0	0	8	16	24
75 to 84	10	12	0	0	0	0	0	0	10	12	22
85+	3	21	0	0	0	0	0	0	3	21	24
TOTALS	38	62	0	0	0	0	0	0	38	62	100

Manor Care of Westmont IL, LLC
512 E Ogden Ave.
Westmont, IL. 60559

Classification Numbers

Facility ID	6000335	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Downers Grove Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	58	0	15	6	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	58	0	15	6	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	1	0	0	0	1
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	1	0	0	0	1
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	8.00
Certified Aides	34.00
Other Health Staff	6.00
Non-Health Staff	29.00
Totals	99.00

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
42.9%	28.8%	0.0%	22.9%	5.4%	100.0%		
5,114,374	3,439,422	0	2,728,332	644,841	11,926,969	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Court of Carbondale
2940 Westridge Place
Carbondale, IL. 62901

Reference Numbers

Facility ID	6016885	
Health Service Area	005	
Planning Service Area	077	Jackson
County	077	Jackson County

Administrator
Melissa Neitzel

Contact Person and Telephone
Melissa Neitzel
618-457-1010

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Date Questionnaire Completed 4/9/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	106
Total Admissions 2017	338
Total Discharges 2017	330
Residents on 12/31/2017	114

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	5
Blood Disorders	8
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	17
Developmental Disability	0
Circulatory System	20
Respiratory System	7
Digestive System	5
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	14
TOTALS	114

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	117	120	114	6	0	0
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	120	120	117	120	114	6	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9460	0.0%	17295	0.0%	0	0	12750	0	39505	90.2%	90.2%
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%
TOTALS	9460	0.0%	17295	0.0%	0	0	12750	0	39505	90.2%	90.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	3	8	0	0	0	0	0	0	3	8	11
65 to 74	5	10	0	0	0	0	0	0	5	10	15
75 to 84	18	17	0	0	0	0	0	0	18	17	35
85+	21	32	0	0	0	0	0	0	21	32	53
TOTALS	47	67	0	0	0	0	0	0	47	67	114

Manor Court of Carbondale
2940 Westridge Place
Carbondale, IL. 62901

Classification Numbers

Facility ID	6016885	
Health Service Area	005	
Planning Service Area	077	Jackson
County	077	Jackson County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	49	0	0	38	0	114
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	49	0	0	38	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	108	0	0	0	108
Race Unknown	1	0	0	0	1
Total	114	0	0	0	114

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	0	0	0	0	0
Total	114	0	0	0	114

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	15.00
Certified Aides	69.00
Other Health Staff	16.00
Non-Health Staff	15.00
Totals	125.00

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
24.9%	16.0%	0.1%	1.1%	57.8%	100.0%		
4,094,043	2,633,214	22,530	187,442	9,497,508	16,434,737	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Court of Clinton
1 Park Lane West
Clinton, IL. 61727

Reference Numbers

Facility ID	6015879	
Health Service Area	004	
Planning Service Area	039	DeWitt
County	039	DeWitt County

Administrator
Katheryn L. Eyre

Contact Person and Telephone
Kathy Eyre
217-935-8500

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Questionnaire Completed 4/11/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	103
Total Admissions 2017	155
Total Discharges 2017	155
Residents on 12/31/2017	103

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	15
Mental Illness	27
Developmental Disability	0
Circulatory System	14
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	2
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	103

Total Residents Diagnosed as Mentally Ill 27

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	134	134	112	134	103	31	134	134
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	134	134	112	134	103	31	134	134

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7112	14.5%	25442	52.0%	451	388	14475	0	47868	97.9%	97.9%
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%
TOTALS	7112	14.5%	25442	52.0%	451	388	14475	0	47868	97.9%	97.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	8	27	0	0	0	0	0	0	8	27	35
85+	9	44	0	0	0	0	0	0	9	44	53
TOTALS	23	80	0	0	0	0	0	0	23	80	103

Manor Court of Clinton
1 Park Lane West
Clinton, IL. 61727

Classification Numbers

Facility ID	6015879	
Health Service Area	004	
Planning Service Area	039	DeWitt
County	039	DeWitt County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	61	0	0	31	0	103
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	61	0	0	31	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	103	0	0	0	103

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	103	0	0	0	103
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	19.00
Certified Aides	75.00
Other Health Staff	9.00
Non-Health Staff	52.00
Totals	167.00

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
37.2%	34.3%	0.6%	0.7%	27.1%	100.0%		
3,764,116	3,476,724	65,563	73,615	2,745,288	10,125,306	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Court of Freeport
2170 West Navajo Dr
Freeport, IL. 61032

Reference Numbers

Facility ID	6016133	
Health Service Area	001	
Planning Service Area	177	Stephenson
County	177	Stephenson County

Administrator
Andres Bardelas

Contact Person and Telephone
Andres Bardelas
815-233-2400

Registered Agent Information
J. Michael Bibo
285 S Farnham St
Galesburg, IL 61401

Date Questionnaire Completed 3/26/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	104
Total Admissions 2017	396
Total Discharges 2017	410
Residents on 12/31/2017	90

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	6
Mental Illness	31
Developmental Disability	0
Circulatory System	22
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	6
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	90

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	117	117	115	117	90	27	117	68
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	117	117	115	117	90	27	117	68

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9090	21.3%	8459	34.1%	123	378	18681	0	36731	86.0%	86.0%
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%
TOTALS	9090	21.3%	8459	34.1%	123	378	18681	0	36731	86.0%	86.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	4	11	0	0	0	0	0	0	4	11	15
85+	16	48	0	0	0	0	0	0	16	48	64
TOTALS	26	64	0	0	0	0	0	0	26	64	90

Manor Court of Freeport
2170 West Navajo Dr
Freeport, IL. 61032

Classification Numbers

Facility ID	6016133	
Health Service Area	001	
Planning Service Area	177	Stephenson
County	177	Stephenson County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	23	0	0	47	0	90
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	23	0	0	47	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	90	0	0	0	90

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	89	0	0	0	89
Ethnicity Unknown	0	0	0	0	0
Total	90	0	0	0	90

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	14.00
Certified Aides	63.00
Other Health Staff	12.00
Non-Health Staff	42.00
Totals	142.00

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
44.4%	11.4%	0.5%	1.5%	42.3%	100.0%		
4,363,046	1,118,614	46,553	143,443	4,158,360	9,830,016	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Court of Maryville
6955 state route 162
Maryville , IL. 62062

Reference Numbers

Facility ID	6013189	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Johnny G. Law

Contact Person and Telephone
Johnny Law
618-288-3800

Registered Agent Information
J. MICHAEL BIBO
285 S FARNHAM ST
Galesburg, IL 61401

Date Questionnaire Completed 4/13/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	113
Total Admissions 2017	377
Total Discharges 2017	378
Residents on 12/31/2017	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	31
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	15
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	8
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	132	132	122	132	112	20	132	100
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	132	132	122	132	112	20	132	100

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5804	12.0%	18495	50.7%	3849	873	11874	0	40895	84.9%	84.9%
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%
TOTALS	5804	12.0%	18495	50.7%	3849	873	11874	0	40895	84.9%	84.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	6	26	0	0	0	0	0	0	6	26	32
75 to 84	8	51	0	0	0	0	0	0	8	51	59
85+	4	15	0	0	0	0	0	0	4	15	19
TOTALS	18	94	0	0	0	0	0	0	18	94	112

Manor Court of Maryville
6955 state route 162
Maryville , IL. 62062

Classification Numbers

Facility ID	6013189	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	54	0	6	36	0	112
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	54	0	6	36	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	22.00
Certified Aides	66.00
Other Health Staff	25.00
Non-Health Staff	53.00
Totals	179.00

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
42.3%	25.6%	1.8%	4.3%	26.0%	100.0%		
4,267,130	2,584,208	177,333	433,405	2,619,035	10,081,111	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Court of Peoria
6900 North Stalworth Drive
Peoria, IL. 61615

Reference Numbers

Facility ID	6016190	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

Administrator
Terri Edens

Contact Person and Telephone
Terri Edens
309-693-1400

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Questionnaire Completed 3/26/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	41
Total Admissions 2017	
Total Discharges 2017	6
Residents on 12/31/2017	

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	4
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	35

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	50	50	50	50	35	15	0	0
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	50	50	50	50	35	15	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8	0.0%	4	0.0%	2	4	17	0	35	0.2%	0.2%
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%
TOTALS	8	0.0%	4	0.0%	2	4	17	0	35	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	4	17	0	0	0	0	0	0	4	17	21
TOTALS	10	25	0	0	0	0	0	0	10	25	35

Manor Court of Peoria
6900 North Stalworth Drive
Peoria, IL. 61615

Classification Numbers

Facility ID	6016190	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	4	2	4	17	0	35
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	4	2	4	17	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	35	0	0	0	35

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	0	35
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	0	35

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	13.00
Certified Aides	26.00
Other Health Staff	21.00
Non-Health Staff	0.00
Totals	67.00

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
44.7%	3.6%	1.8%	1.9%	48.0%	100.0%		
2,068,699	165,678	82,475	89,851	2,219,163	4,625,866	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Court of Peru
3230 Becker Drive
Peru, IL. 61350

Reference Numbers

Facility ID	6015887	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

Administrator
Lorrie Lieske

Contact Person and Telephone
Lorrie Lieske
815-224-2200

Registered Agent Information
J. Michael Bibo
285 Farnham Street
Galesburg, IL 61401

Date Questionnaire Completed 4/12/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	115
Total Admissions 2017	395
Total Discharges 2017	393
Residents on 12/31/2017	117

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	14
Mental Illness	6
Developmental Disability	0
Circulatory System	19
Respiratory System	21
Digestive System	4
Genitourinary System Disorders	10
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	18
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	117

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	114	114	110	114	108	6	99	114
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	16	16	13	16	9	7		
TOTAL BEDS	130	130	123	130	117	13	99	114

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10666	29.5%	10600	25.5%	0	0	14862	0	36128	86.8%	86.8%
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	4818	0			
TOTALS	10666	29.5%	10600	25.5%		0	19680	0		0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	7	6	0	0	0	0	0	1	7	7	14
75 to 84	10	13	0	0	0	0	1	2	11	15	26
85+	15	55	0	0	0	0	2	3	17	58	75
TOTALS	33	75	0	0	0	0	3	6	36	81	117

Manor Court of Peru
3230 Becker Drive
Peru, IL. 61350

Classification Numbers

Facility ID	6015887	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	25	0	0	44	0	108
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	9	0	9
TOTALS	39	25	0	0	53	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	108	0	0	9	117
Race Unknown	0	0	0	0	0
Total	108	0	0	9	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	107	0	0	9	116
Ethnicity Unknown	0	0	0	0	0
Total	108	0	0	9	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	13.00
Certified Aides	60.00
Other Health Staff	10.00
Non-Health Staff	34.00
Totals	136.00

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
55.5%	9.7%	0.1%	1.6%	33.1%	100.0%		
6,419,428	1,126,323	12,014	190,774	3,825,446	11,573,985	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Court of Princeton
140 North 6th Street
Princeton, IL. 61356

Reference Numbers

Facility ID	6015861	
Health Service Area	002	
Planning Service Area	011	Bureau/Putnam
County	011	Bureau County

Administrator
Peggy J. Holt

Contact Person and Telephone
Peggy J. Holt
815-875-6600

Registered Agent Information
J. Michael Bibo
285 South Farnham St.
Galesburg, IL 61401

Date Questionnaire Completed 3/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	98
Total Admissions 2017	215
Total Discharges 2017	219
Residents on 12/31/2017	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	15
Developmental Disability	0
Circulatory System	12
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	13
Injuries and Poisonings	9
Other Medical Conditions	5
Non-Medical Conditions	16
TOTALS	94

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	125	125	107	125	94	31	125	98
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	125	125	107	125	94	31	125	98

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4579	10.0%	17108	47.8%	655	812	12955	0	36109	79.1%	79.1%
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%
TOTALS	4579	10.0%	17108	47.8%	655	812	12955	0	36109	79.1%	79.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	0	1	1
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	4	16	0	0	0	0	0	0	4	16	20
85+	12	52	0	0	0	0	0	0	12	52	64
TOTALS	21	73	0	0	0	0	0	0	21	73	94

Manor Court of Princeton
140 North 6th Street
Princeton, IL. 61356

Classification Numbers

Facility ID	6015861	
Health Service Area	002	
Planning Service Area	011	Bureau/Putnam
County	011	Bureau County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	41	3	2	32	0	94
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	41	3	2	32	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	15.00
Certified Aides	58.00
Other Health Staff	9.00
Non-Health Staff	49.00
Totals	147.00

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
33.6%	30.8%	0.7%	1.2%	33.7%	100.0%		
3,117,025	2,858,294	69,433	114,372	3,128,947	9,288,071	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Maple Crest Care Centre
4452 Squaw Prairie Road
Belvidere, IL. 61008

Reference Numbers

Facility ID	6005706	
Health Service Area	001	
Planning Service Area	007	Boone
County	007	Boone County

Administrator
Renee Woods

Contact Person and Telephone
Renee Woods
815-547-6377

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/11/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	76
Total Admissions 2017	264
Total Discharges 2017	264
Residents on 12/31/2017	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	8
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	76

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	86	86	76	86	76	10	86	86
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	86	86	76	86	76	10	86	86

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5151	16.4%	15601	49.7%	0	1393	7233	0	29378	93.6%	93.6%
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%
TOTALS	5151	16.4%	15601	49.7%	0	1393	7233	0	29378	93.6%	93.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	0	2
65 to 74	2	8	0	0	0	0	0	0	2	8	10
75 to 84	4	18	0	0	0	0	0	0	4	18	22
85+	6	35	0	0	0	0	0	0	6	35	41
TOTALS	15	61	0	0	0	0	0	0	15	61	76

Maple Crest Care Centre
4452 Squaw Prairie Road
Belvidere, IL. 61008

Classification Numbers

Facility ID	6005706	
Health Service Area	001	
Planning Service Area	007	Boone
County	007	Boone County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	40	0	2	22	0	76
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	40	0	2	22	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	0	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	13.00
Certified Aides	59.00
Other Health Staff	0.00
Non-Health Staff	49.00
Totals	144.00

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
40.7%	33.0%	0.0%	8.5%	17.8%	100.0%		
3,172,317	2,568,866	0	662,877	1,388,618	7,792,678	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Maple Crossing at Amboy
15 West Wasson Road
Amboy, IL. 61310

Reference Numbers

Facility ID	6005730	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

Administrator
Carolyn Progress

Contact Person and Telephone
Moshe Herman
847-612-1268

Registered Agent Information
Moshe Herman
7434 North Skokie Boulevard

Date Questionnaire Completed 6/4/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	56
Total Admissions 2017	67
Total Discharges 2017	72
Residents on 12/31/2017	51

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer 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	51
Non-Medical Conditions	0
TOTALS	51

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	97	97	66	97	51	46	97	97
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	97	97	66	97	51	46	97	97

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1003	2.8%	6373	18.0%	0	0	2787	0	10163	28.7%	28.7%
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%
TOTALS	1003	2.8%	6373	18.0%	0	0	2787	0	10163	28.7%	28.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	3	1	4
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	4	13	0	0	0	0	0	0	4	13	17
85+	6	10	0	0	0	0	0	0	6	10	16
TOTALS	17	34	0	0	0	0	0	0	17	34	51

Maple Crossing at Amboy
15 West Wasson Road
Amboy, IL. 61310

Classification Numbers

Facility ID	6005730	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	32	0	0	15	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	32	0	0	15	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	51	0	0	0	51
Total	51	0	0	0	51

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	11.00
Certified Aides	44.00
Other Health Staff	0.00
Non-Health Staff	35.00
Totals	101.00

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
24.9%	46.7%	0.0%	0.0%	28.5%	100.0%		
552,403	1,036,308	0	0	632,360	2,221,071	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Maple Terrace
1510 N 4th St
Quincy, IL. 62301

Reference Numbers

Facility ID	6012108	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

Administrator
Michelle Smith

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	14
Total Admissions 2017	3
Total Discharges 2017	2
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5217	89.3%	0	0	0	0	5217	89.3%	89.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5217	89.3%	0	0	0	0	5217	89.3%	89.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	2	0	0	0	2	2
45 to 59	0	0	0	0	3	5	0	0	3	5	8
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	6	9	0	0	6	9	15

Maple Terrace
1510 N 4th St
Quincy, IL. 62301

Classification Numbers

Facility ID	6012108	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	75.1%	2.1%	0.0%	22.8%	100.0%		
0	453,038	12,933	0	137,627	603,598	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Marian Center for Adult Residents
6300 N. Ridge Ave.
Chicago, IL. 60660

Reference Numbers

Facility ID	6005789	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Val Freil

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave
Chicago, IL 60660

Date Questionnaire Completed 3/26/2018

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	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	97
Total Admissions 2017	2
Total Discharges 2017	2
Residents on 12/31/2017	97

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	97
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
TOTALS	97

Total Residents Diagnosed as Mentally Ill 40

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	100	100	97	100	97	3		100
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	97	100	97	3	0	100

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			35843	98.2%	0	0	365	0	36208	99.2%	99.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	35843	98.2%	0	0	365	0	36208	99.2%	99.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	20	26	0	0	20	26	46
45 to 59	0	0	0	0	26	18	0	0	26	18	44
60 to 64	0	0	0	0	4	3	0	0	4	3	7
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
TOTALS	0	0	0	0	50	47	0	0	50	47	97

Marian Center for Adult Residents
6300 N. Ridge Ave.
Chicago, IL. 60660

Classification Numbers

Facility ID	6005789	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		96	0	0	1	0	97
Sheltered Care			0	0	0	0	0
TOTALS	0	96	0	0	1	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	94	0	94
Race Unknown	0	0	0	0	0
Total	0	0	97	0	97

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	97	0	97
Ethnicity Unknown	0	0	0	0	0
Total	0	0	97	0	97

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.11
Physicians	0.09
Director of Nursing	1.00
Registered Nurses	5.93
LPN's	3.25
Certified Aides	101.74
Other Health Staff	16.54
Non-Health Staff	10.74
Totals	140.40

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%	83.6%	0.0%	0.0%	16.4%	100.0%		
0	5,223,364	0	0	1,026,504	6,249,868	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Marigold Estates
3240 Barney Avenue
Pekin , IL. 61554

Reference Numbers

Facility ID	6012140	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Nicki Palmer

Contact Person and Telephone
Misty Nash
309-347-6514

Registered Agent Information
Richard Grader
636 W Imboden Ave
Decatur, IL 62521

Date Questionnaire Completed 3/29/2018

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	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5525	94.6%	0	0	0	0	5525	94.6%	94.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5525	94.6%	0	0	0	0	5525	94.6%	94.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	8	7	0	0	8	7	15

Marigold Estates
3240 Barney Avenue
Pekin , IL. 61554

Classification Numbers

Facility ID	6012140	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	14.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	673,286	0	0	0	673,286	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Marigold Rehabilitation & Health Care
275 East Carl Sandburg Drive
Galesburg, IL. 61401

Reference Numbers

Facility ID	6005797	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

Administrator
Ethel Logue

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/15/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	119
Total Admissions 2017	202
Total Discharges 2017	196
Residents on 12/31/2017	125

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	6
Blood Disorders	4
*Nervous System Non Alzheimer	9
Alzheimer Disease	62
Mental Illness	6
Developmental Disability	2
Circulatory System	2
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	1
TOTALS	125

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	172	172	143	172	125	47	172	172
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	172	172	143	172	125	47	172	172

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2772	4.4%	34418	54.8%	0	67	9687	0	46944	74.8%	74.8%
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%
TOTALS	2772	4.4%	34418	54.8%	0	67	9687	0	46944	74.8%	74.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	8	10	0	0	0	0	0	0	8	10	18
60 to 64	8	6	0	0	0	0	0	0	8	6	14
65 to 74	10	21	0	0	0	0	0	0	10	21	31
75 to 84	11	19	0	0	0	0	0	0	11	19	30
85+	11	21	0	0	0	0	0	0	11	21	32
TOTALS	48	77	0	0	0	0	0	0	48	77	125

Marigold Rehabilitation & Health Care
275 East Carl Sandburg Drive
Galesburg, IL. 61401

Classification Numbers

Facility ID	6005797	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	93	0	1	26	0	125
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	93	0	1	26	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	119	0	0	0	119
Race Unknown	1	0	0	0	1
Total	125	0	0	0	125

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	123	0	0	0	123
Total	125	0	0	0	125

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	11.00
Certified Aides	30.00
Other Health Staff	3.00
Non-Health Staff	12.00
Totals	66.00

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
5.5%	68.6%	0.0%	2.5%	23.3%	100.0%		
349,078	4,339,867	0	159,472	1,474,025	6,322,442	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Marka Nursing Home
201 South 10th Street
Mascoutah, IL. 62258

Reference Numbers

Facility ID	6005748	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Alice J. Green

Contact Person and Telephone
Alice J. Green
618-566-8000

Registered Agent Information
Community Care Centers, Inc.
312 Solley Drive Rear
Ballwin, MO 63021

Date Questionnaire Completed 4/5/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	48
Total Admissions 2017	37
Total Discharges 2017	44
Residents on 12/31/2017	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	1
Circulatory System	9
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	41

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	76	68	49	68	41	35	76	76
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	76	68	49	68	41	35	76	76

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1172	4.2%	6561	23.7%	532	269	7703	0	16237	58.5%	65.4%
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%
TOTALS	1172	4.2%	6561	23.7%	532	269	7703	0	16237	58.5%	65.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	0	1	1
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	1	7	0	0	0	0	0	0	1	7	8
85+	4	22	0	0	0	0	0	0	4	22	26
TOTALS	8	33	0	0	0	0	0	0	8	33	41

Marka Nursing Home
201 South 10th Street
Mascoutah, IL. 62258

Classification Numbers

Facility ID	6005748	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	16	1	0	19	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	16	1	0	19	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	7.50
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	54.50

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
20.2%	33.5%	3.6%	2.8%	39.9%	100.0%		
542,935	897,575	95,422	76,056	1,069,588	2,681,576	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARKLUND DREHER HOME
1 S 381 WYATT DRIVE
Geneva, IL. 60134

Reference Numbers

Facility ID	6016232	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Rachelle Jewison

Contact Person and Telephone
Lynn Melvin
630-593-5485

Registered Agent Information
Robin Kelleher
102 South Wynstone Park Drive, Suite 100
North Barrington, IL 60010

Date Questionnaire Completed 4/6/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5818	#Div/0!	0	0	0	0	5818	99.6%	99.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5818	0.0%	0	0	0	0	5818	99.6%	99.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	9	0	0	5	9	14
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	5	11	0	0	5	11	16

MARKLUND DREHER HOME
1 S 381 WYATT DRIVE
Geneva, IL. 60134

Classification Numbers

Facility ID	6016232	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.15
Physicians	0.00
Director of Nursing	0.14
Registered Nurses	3.25
LPN's	0.00
Certified Aides	10.73
Other Health Staff	1.50
Non-Health Staff	3.90
Totals	19.67

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%	91.2%	0.0%	0.0%	8.8%	100.0%		
0	1,162,366	0	0	112,712	1,275,078	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARKLUND HAVERKAMPF HOME
1S394 WYATT DRIVE
Geneva, IL. 60134

Reference Numbers

Facility ID	6015770	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Rachelle Jewison

Contact Person and Telephone
Lynn Melvin
630-593-5485

Registered Agent Information
Robin Kelleher
102 South Wynstone Park Drive, Suite 100
North Barrington, IL 60010

Date Questionnaire Completed 4/6/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	5	0	0	5	5	10
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

MARKLUND HAVERKAMPF HOME
1S394 WYATT DRIVE
Geneva, IL. 60134

Classification Numbers

Facility ID	6015770	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	1	0	1

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.15
Physicians	0.00
Director of Nursing	0.14
Registered Nurses	3.25
LPN's	0.00
Certified Aides	10.73
Other Health Staff	1.53
Non-Health Staff	4.16
Totals	19.96

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%	92.7%	0.0%	0.0%	7.3%	100.0%		
0	1,211,612	0	0	95,214	1,306,826	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Marklund Philip Center
164 S Prairie Avenue
Bloomingdale, IL. 60108

Reference Numbers

Facility ID	6005805	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

Administrator
Gunjan Patel

Contact Person and Telephone
Lynn Melvin
630-593-5485

Registered Agent Information
Robin Kelleher
102 South Wynstone Park Drive, Suite 100
North Barrington, IL 60010

Date Questionnaire Completed 4/9/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	20
Total Admissions 2017	4
Total Discharges 2017	3
Residents on 12/31/2017	21

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	21
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
TOTALS	21

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	30	21	21	21	21	9		30
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	30	21	21	21	21	9	0	30

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			7459	68.1%	0	0	0	0	7459	68.1%	97.3%
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%
TOTALS	0	0.0%	7459	68.1%	0	0	0	0	7459	68.1%	97.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	5	3	0	0	0	0	5	3	8
18 to 44	0	0	4	9	0	0	0	0	4	9	13
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	9	12	0	0	0	0	9	12	21

Marklund Philip Center
164 S Prairie Avenue
Bloomingdale, IL. 60108

Classification Numbers

Facility ID	6005805	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

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	0
Skilled Under 22	0	21	0	0	0	0	21
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	21	0	0	0	0	21

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	6	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	15	0	0	15
Race Unknown	0	0	0	0	0
Total	0	21	0	0	21

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	2	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	2	0	0	2

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.55
LPN's	1.00
Certified Aides	14.56
Other Health Staff	9.80
Non-Health Staff	5.95
Totals	41.36

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	2,334,850	0	0	0	2,334,850	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARKLUND RICHARD HOME
1 S 410 WYATT DRIVE
Geneva, IL. 60134

Reference Numbers

Facility ID	6016240	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Rachelle Jewison

Contact Person and Telephone
Lynn Melvin
630-593-5485

Registered Agent Information
Robin Kelleher
102 South Wynstone Park Drive, Suite 100
North Barrington, IL 60010

Date Questionnaire Completed 4/6/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	#Div/0!	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	0.0%	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	5	0	0	6	5	11
45 to 59	0	0	0	0	0	4	0	0	0	4	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	7	9	0	0	7	9	16

MARKLUND RICHARD HOME
1 S 410 WYATT DRIVE
Geneva, IL. 60134

Classification Numbers

Facility ID	6016240	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.15
Physicians	0.00
Director of Nursing	0.14
Registered Nurses	3.25
LPN's	0.00
Certified Aides	10.73
Other Health Staff	1.64
Non-Health Staff	3.77
Totals	19.69

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%	89.5%	0.0%	0.0%	10.5%	100.0%		
0	1,151,506	0	0	134,769	1,286,275	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARKLUND SAYERS HOME
1S383 WYATT DRIVE
Geneva, IL. 60134

Reference Numbers

Facility ID	6015804	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Rachelle Jewison

Contact Person and Telephone
Lynn Melvin
630-593-5485

Registered Agent Information
Robin Kelleher
102 South Wynstone Park Drive, Suite 100
North Barrington, IL 60010

Date Questionnaire Completed 4/6/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	2
Total Discharges 2017	2
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5199	89.0%	0	365	0	0	5564	95.3%	95.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5199	89.0%	0	365	0	0	5564	95.3%	95.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	2	0	0	3	2	5
45 to 59	0	0	0	0	2	8	0	0	2	8	10
60 to 64	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	5	11	0	0	5	11	16

MARKLUND SAYERS HOME
1S383 WYATT DRIVE
Geneva, IL. 60134

Classification Numbers

Facility ID	6015804	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	1	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	1	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.15
Physicians	0.00
Director of Nursing	0.14
Registered Nurses	3.25
LPN's	0.00
Certified Aides	10.73
Other Health Staff	1.64
Non-Health Staff	3.77
Totals	19.69

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%	85.5%	0.0%	0.0%	14.5%	100.0%		
0	1,137,292	0	0	192,205	1,329,497	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Marklund Tommy Home
1S385 Wyatt Drive
Geneva, IL. 60134

Reference Numbers

Facility ID	6015796	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Rachelle Jewison

Contact Person and Telephone
Lynn Melvin
630-593-5485

Registered Agent Information
Robin Kelleher
102 South Wynstone Park Drive, Suite 100
North Barrington, IL 60010

Date Questionnaire Completed 4/6/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	3	0	0	4	3	7
45 to 59	0	0	0	0	4	5	0	0	4	5	9
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Marklund Tommy Home
1S385 Wyatt Drive
Geneva, IL. 60134

Classification Numbers

Facility ID	6015796	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	1	0	1

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.15
Physicians	0.00
Director of Nursing	0.14
Registered Nurses	3.25
LPN's	0.00
Certified Aides	10.73
Other Health Staff	1.63
Non-Health Staff	3.78
Totals	19.68

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%	94.6%	0.0%	0.0%	5.4%	100.0%		
0	1,213,775	0	0	69,949	1,283,724	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARKLUND VAN DER MOLEN HOME
1S406 WYATT DRIVE
Geneva, IL. 60134

Reference Numbers

Facility ID	6015788	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Rachelle Jewison

Contact Person and Telephone
Lynn Melvin
630-593-5485

Registered Agent Information
Robin Kelleher
102 South Wynstone Park Drive, Suite 100
North Barrington, IL 60010

Date Questionnaire Completed 4/6/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5818	99.6%	0	0	0	0	5818	99.6%	99.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5818	99.6%	0	0	0	0	5818	99.6%	99.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	3	6	0	0	3	6	9
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	6	10	0	0	6	10	16

MARKLUND VAN DER MOLEN HOME
1S406 WYATT DRIVE
Geneva, IL. 60134

Classification Numbers

Facility ID	6015788	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.15
Physicians	0.14
Director of Nursing	3.25
Registered Nurses	0.00
LPN's	0.00
Certified Aides	10.73
Other Health Staff	1.64
Non-Health Staff	3.66
Totals	19.58

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
0.0%	91.1%	0.0%	0.0%	8.9%	100.0%		
0	1,162,945	0	0	113,727	1,276,672	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Marklund Wasmond Center
1435 Summit Street
Elgin, IL. 60120

Reference Numbers

Facility ID	6005524	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Hanover Township

Administrator
Shelley Lewis

Contact Person and Telephone
Lynn Melvin
630-593-5485

Registered Agent Information
Robin Kelleher
102 South Wynstone Park Drive, Suite 100
North Barrington, IL 60010

Date Questionnaire Completed 4/13/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	56
Total Admissions 2017	4
Total Discharges 2017	4
Residents on 12/31/2017	56

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	56
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
TOTALS	56

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	57	57	57	57	56	1		55
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	57	57	57	57	56	1	0	55

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			20377	######	0	0	0	0	20377	97.9%	97.9%
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%
TOTALS	0	0.0%	20377	######	0	0	0	0	20377	97.9%	97.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	8	2	0	0	0	0	8	2	10
18 to 44	0	0	17	27	0	0	0	0	17	27	44
45 to 59	0	0	0	1	0	0	0	0	0	1	1
60 to 64	0	0	1	0	0	0	0	0	1	0	1
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
TOTALS	0	0	26	30	0	0	0	0	26	30	56

Marklund Wasmond Center
1435 Summit Street
Elgin, IL. 60120

Classification Numbers

Facility ID	6005524	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Hanover Township

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	0
Skilled Under 22	0	56	0	0	0	0	56
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	56	0	0	0	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	1	0	0	1
American Indian	0	0	0	0	0
Black	0	15	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	40	0	0	40
Race Unknown	0		0	0	
Total	0		0	0	

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	13	0	0	13
Non-Hispanic	0		0	0	
Ethnicity Unknown	0		0	0	
Total	0		0	0	

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.80
Physicians	0.00
Director of Nursing	0.80
Registered Nurses	8.90
LPN's	4.00
Certified Aides	34.09
Other Health Staff	3.45
Non-Health Staff	14.46
Totals	66.50

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%	95.8%	0.0%	0.0%	4.2%	100.0%		
0	4,231,729	0	0	186,965	4,418,694	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Mason City Area Nursing Home
520 North Price Avenue
Mason City, IL. 62664

Reference Numbers

Facility ID	6011688	
Health Service Area	003	
Planning Service Area	125	Mason
County	125	Mason County

Administrator
Christine A. Banks

Contact Person and Telephone
Christine A. Banks
217-482-5022

Registered Agent Information
David Underwood
115 West Jefferson Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/13/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	74
Total Admissions 2017	65
Total Discharges 2017	70
Residents on 12/31/2017	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	25
Mental Illness	7
Developmental Disability	0
Circulatory System	8
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	1
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	66	58	58	75	54	12	66	66
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	31	15	15	15	15	16		
TOTAL BEDS	97	73	73	90	69	28	66	66

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1209	5.0%	9805	40.7%	0	0	9631	0	20645	85.7%	97.5%
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	5632	0	5632	49.8%	102.9%
TOTALS	1209	5.0%	9805	40.7%	0	0	15263	0	26277	74.2%	98.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	2	0	0	0	0	0	1	1	3	4
75 to 84	1	10	0	0	0	0	0	2	1	12	13
85+	6	33	0	0	0	0	2	10	8	43	51
TOTALS	8	46	0	0	0	0	2	13	10	59	69

Mason City Area Nursing Home
520 North Price Avenue
Mason City, IL. 62664

Classification Numbers

Facility ID	6011688	
Health Service Area	003	
Planning Service Area	125	Mason
County	125	Mason County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	21	0	0	29	0	54
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	15	0	15
TOTALS	4	21	0	0	44	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	15	68
Race Unknown	0	0	0	0	0
Total	54	0	0	15	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	54	0	0	15	69
Ethnicity Unknown	0	0	0	0	0
Total	54	0	0	15	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.50
LPN's	8.50
Certified Aides	13.50
Other Health Staff	13.00
Non-Health Staff	18.50
Totals	64.00

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
16.8%	27.2%	0.0%	0.0%	56.0%	100.0%		
815,322	1,316,535	0	0	2,715,442	4,847,299	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Mason Point
One Masonic Way
Sullivan, IL. 61951

Reference Numbers

Facility ID	6004691	
Health Service Area	004	
Planning Service Area	139	Moultrie
County	139	Moultrie County

Administrator
Darin Wall

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/20/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	97
Total Admissions 2017	141
Total Discharges 2017	137
Residents on 12/31/2017	101

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	4
*Nervous System Non Alzheimer	4
Alzheimer Disease	31
Mental Illness	0
Developmental Disability	7
Circulatory System	17
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	14
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	101

Total Residents Diagnosed as Mentally Ill 31

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	122	122	95	122	90	32	72	122
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	48	48	13	48	11	37		
TOTAL BEDS	170	170	108	170	101	69	72	122

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3526	13.4%	19735	44.3%	0	71	8893	0	32225	72.4%	72.4%
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							4178	0			
TOTALS	3526	13.4%	19735	44.3%			13071	0		0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	2	1	5	6
60 to 64	2	2	0	0	0	0	1	0	3	2	5
65 to 74	2	11	0	0	0	0	3	0	5	11	16
75 to 84	10	16	0	0	0	0	2	1	12	17	29
85+	10	33	0	0	0	0	0	2	10	35	45
TOTALS	25	65	0	0	0	0	6	5	31	70	101

Mason Point
One Masonic Way
Sullivan, IL. 61951

Classification Numbers

Facility ID	6004691	
Health Service Area	004	
Planning Service Area	139	Moultrie
County	139	Moultrie County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	43	10	1	23	0	90
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	11	0	11
TOTALS	13	43	10	1	34	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	11	100
Race Unknown	0	0	0	0	0
Total	90	0	0	11	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	90	0	0	11	101
Ethnicity Unknown	0	0	0	0	0
Total	90	0	0	11	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	10.00
Certified Aides	29.00
Other Health Staff	3.00
Non-Health Staff	53.00
Totals	104.00

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
13.2%	52.7%	0.0%	0.2%	33.9%	100.0%		
695,428	2,782,385	0	9,733	1,791,954	5,279,500	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Matteson Court
237 Central Ave
Matteson , IL. 60443

Reference Numbers

Facility ID	6014393	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Rich Township

Administrator
Angela Noland

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham St
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	2
Total Discharges 2017	1
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	4	0	0	3	4	7
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Matteson Court
237 Central Ave
Matteson , IL. 60443

Classification Numbers

Facility ID	6014393	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Rich Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	7	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	83.7%	0.0%	0.0%	16.3%	100.0%		
0	704,756	0	0	136,861	841,617	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MATTOON REHABILITATION & HCC
2121 S. 9TH ST.
Mattoon, IL. 61938

Reference Numbers

Facility ID	6005888	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland
County	029	Coles County

Administrator
JADE BELCHER

Contact Person and Telephone
JADE BELCHER
217-235-7138

Registered Agent Information
DANIEL MAHER
412 E. LAWRENCE AVE.
SPRINGFIELD, IL 62703

Date Questionnaire Completed 3/14/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	85
Total Admissions 2017	350
Total Discharges 2017	343
Residents on 12/31/2017	92

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	1
Mental Illness	12
Developmental Disability	1
Circulatory System	18
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	25
Injuries and Poisonings	5
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	92

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	148	120	92	120	92	56	148	148
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	148	120	92	120	92	56	148	148

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6480	12.0%	16699	30.9%	2305	800	7128	0	33412	61.9%	76.3%
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%
TOTALS	6480	12.0%	16699	30.9%	2305	800	7128	0	33412	61.9%	76.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	0	3	3
60 to 64	0	5	0	0	0	0	0	0	0	5	5
65 to 74	13	11	0	0	0	0	0	0	13	11	24
75 to 84	8	11	0	0	0	0	0	0	8	11	19
85+	13	28	0	0	0	0	0	0	13	28	41
TOTALS	34	58	0	0	0	0	0	0	34	58	92

MATTOON REHABILITATION & HCC
2121 S. 9TH ST.
Mattoon, IL. 61938

Classification Numbers

Facility ID	6005888	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland
County	029	Coles County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	36	8	7	21	0	92
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	36	8	7	21	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	28.00
Certified Aides	71.00
Other Health Staff	12.00
Non-Health Staff	0.00
Totals	125.00

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
45.8%	30.1%	6.0%	4.0%	14.1%	100.0%		
3,627,273	2,383,927	474,396	314,313	1,120,772	7,920,681	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Mayfield Care Center T.L.C
5905 W. Washington
Chicago, IL. 60644

Reference Numbers

Facility ID	6005896	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 25 - Austin

Administrator
Josh Graber

Contact Person and Telephone
Andrea Williams
773-261-7071x37

Registered Agent Information

Date Questionnaire Completed 4/16/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	142
Total Admissions 2017	147
Total Discharges 2017	148
Residents on 12/31/2017	141

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	29
Blood Disorders	4
*Nervous System Non Alzheimer	14
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	32
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	22
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	134

Total Residents Diagnosed as Mentally Ill 65

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	156	156	143	156	134	22	156	156
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	156	156	143	156	134	22	156	156

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	624	1.1%	3479	6.1%	0	0	57	0	4160	7.3%	7.3%
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%
TOTALS	624	1.1%	3479	6.1%	0	0	57	0	4160	7.3%	7.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	10	9	0	0	0	0	0	0	10	9	19
60 to 64	12	12	0	0	0	0	0	0	12	12	24
65 to 74	17	8	0	0	0	0	0	0	17	8	25
75 to 84	17	18	0	0	0	0	0	0	17	18	35
85+	13	16	0	0	0	0	0	0	13	16	29
TOTALS	71	63	0	0	0	0	0	0	71	63	134

Mayfield Care Center T.L.C
5905 W. Washington
Chicago, IL. 60644

Classification Numbers

Facility ID	6005896	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 25 - Austin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	114	0	0	2	0	134
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	114	0	0	2	0	134

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	123	0	0	0	123
Hawaiian/Pacific Isl.	0	0	0	0	0
White	11	0	0	0	11
Race Unknown	0	0	0	0	0
Total	134	0	0	0	134

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	132	0	0	0	132
Ethnicity Unknown	0	0	0	0	0
Total	134	0	0	0	134

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	15.00
Certified Aides	38.00
Other Health Staff	3.00
Non-Health Staff	45.00
Totals	108.00

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
26.1%	68.9%	3.9%	0.0%	1.1%	100.0%		
2,210,225	5,829,141	326,659	1,318	94,091	8,461,434	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Mazza House
6300 N. Ridge Ave.
Chicago, IL. 60660

Reference Numbers

Facility ID	6011605	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Joe Ferrara

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Date Questionnaire Completed 3/28/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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
TOTALS	12

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	######	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	######	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	7	0	0	0	7	0	7
45 to 59	0	0	0	0	5	0	0	0	5	0	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	12	0	0	0	12	0	12

Mazza House
6300 N. Ridge Ave.
Chicago, IL. 60660

Classification Numbers

Facility ID	6011605	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.22
Physicians	0.09
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	12.42
Other Health Staff	4.40
Non-Health Staff	0.23
Totals	17.47

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%	85.5%	0.0%	0.0%	14.5%	100.0%		
0	633,695	0	0	107,407	741,102	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

McAuley Residence
2060 West Granville Ave.
Chicago, IL. 60659

Reference Numbers

Facility ID	6006217	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 58 - Brighton Park

Administrator
Denise Tigges

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave
Chicago, IL 60660

Date Questionnaire Completed 3/26/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	119
Total Admissions 2017	7
Total Discharges 2017	9
Residents on 12/31/2017	117

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	117
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
TOTALS	117

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	125	125	119	125	117	8		125
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	125	125	119	125	117	8	0	125

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			42013	92.1%	0	0	365	365	42743	93.7%	93.7%
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%
TOTALS	0	0.0%	42013	92.1%	0	0	365	365	42743	93.7%	93.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	13	9	0	0	0	0	13	9	22
18 to 44	0	0	45	31	0	0	0	0	45	31	76
45 to 59	0	0	0	8	0	0	0	0	0	8	8
60 to 64	0	0	9	0	0	0	0	0	9	0	9
65 to 74	0	0	1	1	0	0	0	0	1	1	2
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
TOTALS	0	0	68	49	0	0	0	0	68	49	117

McAuley Residence
2060 West Granville Ave.
Chicago, IL. 60659

Classification Numbers

Facility ID	6006217	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 58 - Brighton Park

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	0
Skilled Under 22	0	115	0	0	1	1	117
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	115	0	0	1	1	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	2	0	0	2
American Indian	0	0	0	0	0
Black	0	30	0	0	30
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	85	0	0	85
Race Unknown	0	0	0	0	0
Total	0	117	0	0	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	15	0	0	15
Non-Hispanic	0	102	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	0	117	0	0	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.09
Director of Nursing	1.77
Registered Nurses	21.67
LPN's	12.24
Certified Aides	109.20
Other Health Staff	30.00
Non-Health Staff	7.74
Totals	183.71

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%	93.3%	0.0%	0.0%	6.7%	100.0%		
0	7,752,228	0	0	560,847	8,313,075	71,667	0.9%

*Charity Care Expense does not include expenses which may be considered a community benefit.

McGowan Home
6300 N. Ridge Ave.
Chicago, IL. 60660

Reference Numbers

Facility ID	6014864	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Ashley Hespen

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Date Questionnaire Completed 3/26/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	1
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5820	99.7%	0	0	0	0	5820	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5820	99.7%	0	0	0	0	5820	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	7	0	0	6	7	13
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	8	7	0	0	8	7	15

McGowan Home
6300 N. Ridge Ave.
Chicago, IL. 60660

Classification Numbers

Facility ID	6014864	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	2	0	2
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.09
Director of Nursing	0.25
Registered Nurses	1.38
LPN's	0.25
Certified Aides	12.23
Other Health Staff	5.94
Non-Health Staff	5.62
Totals	26.26

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
0.0%	92.1%	0.0%	0.0%	7.9%	100.0%		
0	930,873	0	0	79,689	1,010,562	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

McLean County Nursing Home
901 North Main
Normal, IL. 61761

Reference Numbers

Facility ID	6005946	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Cindy Wegner

Contact Person and Telephone
Sharon Bounds
309-888-5380

Registered Agent Information

Date Questionnaire Completed 4/13/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	101
Total Admissions 2017	99
Total Discharges 2017	99
Residents on 12/31/2017	101

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	8
Mental Illness	43
Developmental Disability	1
Circulatory System	12
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	101

Total Residents Diagnosed as Mentally Ill 43

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	150	101	150	101	49	18	150
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	150	150	101	150	101	49	18	150

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1466	22.3%	38260	69.9%	861	0	8229	0	48816	89.2%	89.2%
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%
TOTALS	1466	22.3%	38260	69.9%	861	0	8229	0	48816	89.2%	89.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
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	9	18	0	0	0	0	0	0	9	18	27
85+	10	54	0	0	0	0	0	0	10	54	64
TOTALS	23	78	0	0	0	0	0	0	23	78	101

McLean County Nursing Home
901 North Main
Normal, IL. 61761

Classification Numbers

Facility ID	6005946	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	1	0	0	0	1
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	10.00
Certified Aides	34.00
Other Health Staff	0.00
Non-Health Staff	51.00
Totals	104.00

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
7.4%	44.5%	2.5%	0.0%	45.6%	100.0%		
418,028	2,515,356	142,027	0	2,581,161	5,656,572	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

McLeansboro Rehab & Healthcare
405 West Carpenter Street
McLeansboro, IL. 62859

Reference Numbers

Facility ID	6005417	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline
County	065	Hamilton County

Administrator
Karen Frashier

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/20/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	28
Total Admissions 2017	41
Total Discharges 2017	44
Residents on 12/31/2017	25

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	1
Circulatory System	2
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	25

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	43	43	25	18	25	18	43	43
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	43	43	25	18	25	18	43	43

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1231	7.8%	8100	51.6%	0	0	983	0	10314	65.7%	65.7%
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%
TOTALS	1231	7.8%	8100	51.6%	0	0	983	0	10314	65.7%	65.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	2	0	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	1	6	0	0	0	0	0	0	1	6	7
85+	4	10	0	0	0	0	0	0	4	10	14
TOTALS	9	16	0	0	0	0	0	0	9	16	25

McLeansboro Rehab & Healthcare
405 West Carpenter Street
McLeansboro, IL. 62859

Classification Numbers

Facility ID	6005417	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline
County	065	Hamilton County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	19	1	0	3	0	25
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	19	1	0	3	0	25

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	25	0	0	0	25
Race Unknown	0	0	0	0	0
Total	25	0	0	0	25

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	25	0	0	0	25
Ethnicity Unknown	0	0	0	0	0
Total	25	0	0	0	25

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	3.00
Certified Aides	12.00
Other Health Staff	14.00
Non-Health Staff	0.00
Totals	34.00

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
18.6%	69.6%	0.0%	0.4%	11.4%	100.0%		
291,319	1,090,561	0	6,530	178,884	1,567,294	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

McNerney House
6300 N. Ridge Ave
Chicago, IL. 60660

Reference Numbers

Facility ID	6016596	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Jessica Krugler

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave
Chicago, IL 60660

Date Questionnaire Completed 3/28/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	0
Total Discharges 2017	1
Residents on 12/31/2017	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
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
TOTALS	11

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	11	1		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	11	1	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4366	#Div/0!	0	0	0	0	4366	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4366	0.0%	0	0	0	0	4366	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	0	0	0	3	0	3
45 to 59	0	0	0	0	8	0	0	0	8	0	8
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	11	0	0	0	11	0	11

McNerney House
6300 N. Ridge Ave
Chicago, IL. 60660

Classification Numbers

Facility ID	6016596	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.36
Physicians	0.09
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	12.07
Other Health Staff	3.74
Non-Health Staff	0.23
Totals	16.99

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
0.0%	86.8%	0.0%	0.0%	13.2%	100.0%		
0	662,985	0	0	100,516	763,501	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Meadow Manor
800 Mc Adam Drive
Taylorville, IL. 62568

Reference Numbers

Facility ID	6005953	
Health Service Area	003	
Planning Service Area	021	Christian
County	021	Christian County

Administrator
Monica Bessinger

Contact Person and Telephone
Monica Bessinger
217-824-2277

Registered Agent Information
Jennifer Miller-Louw Sandberg Phoenix&
2015 west Main Street Suite 111
Carbondale, IL 62901

Date Questionnaire Completed 4/13/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	64
Total Admissions 2017	64
Total Discharges 2017	71
Residents on 12/31/2017	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	19
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	5
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 44

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	96	74	67	74	57	39	48	96
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	96	74	67	74	57	39	48	96

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1933	11.0%	15351	43.8%	0	316	4521	0	22121	63.1%	81.9%
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%
TOTALS	1933	11.0%	15351	43.8%	0	316	4521	0	22121	63.1%	81.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	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	4	9	0	0	0	0	0	0	4	9	13
75 to 84	7	7	0	0	0	0	0	0	7	7	14
85+	9	18	0	0	0	0	0	0	9	18	27
TOTALS	21	36	0	0	0	0	0	0	21	36	57

Meadow Manor
800 Mc Adam Drive
Taylorville, IL. 62568

Classification Numbers

Facility ID	6005953	
Health Service Area	003	
Planning Service Area	021	Christian
County	021	Christian County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	41	0	14	0	0	57
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	41	0	14	0	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	22.00
Other Health Staff	2.00
Non-Health Staff	18.00
Totals	55.00

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
30.3%	44.4%	0.0%	2.8%	22.6%	100.0%		
1,249,102	1,830,679	0	114,255	933,166	4,127,202	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Meadowbrook Manor
431 Remington Blvd
Bolingbrook, IL. 60440

Reference Numbers

Facility ID	6013120	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Ralph Ricana

Contact Person and Telephone
Ralph Ricana
630-759-1112

Registered Agent Information
Charles Sheets
161 N. Clark Str Suite 4200
Chicago, IL 60601

Date Questionnaire Completed 4/16/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	239
Total Admissions 2017	600
Total Discharges 2017	583
Residents on 12/31/2017	256

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	25
Blood Disorders	14
*Nervous System Non Alzheimer	5
Alzheimer Disease	24
Mental Illness	0
Developmental Disability	0
Circulatory System	34
Respiratory System	25
Digestive System	17
Genitourinary System Disorders	25
Skin Disorders	10
Musculo-skeletal Disorders	38
Injuries and Poisonings	0
Other Medical Conditions	29
Non-Medical Conditions	0
TOTALS	256

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	298	298	267	298	256	42	298	298
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	298	298	267	298	256	42	298	298

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11235	10.3%	66848	61.5%	4729	482	9780	0	93074	85.6%	85.6%
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%
TOTALS	11235	10.3%	66848	61.5%	4729	482	9780	0	93074	85.6%	85.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	5	0	0	0	0	0	0	2	5	7
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	28	25	0	0	0	0	0	0	28	25	53
75 to 84	28	42	0	0	0	0	0	0	28	42	70
85+	31	89	0	0	0	0	0	0	31	89	120
TOTALS	91	165	0	0	0	0	0	0	91	165	256

Meadowbrook Manor
431 Remington Blvd
Bolingbrook, IL. 60440

Classification Numbers

Facility ID	6013120	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	140	46	0	32	0	256
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	38	140	46	0	32	0	256

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	20	0	0	0	20
American Indian	0	0	0	0	0
Black	75	0	0	0	75
Hawaiian/Pacific Isl.	0	0	0	0	0
White	161	0	0	0	161
Race Unknown	0	0	0	0	0
Total	256	0	0	0	256

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	52	0	0	0	52
Non-Hispanic	204	0	0	0	204
Ethnicity Unknown	0	0	0	0	0
Total	256	0	0	0	256

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	32.00
Certified Aides	136.00
Other Health Staff	28.00
Non-Health Staff	171.00
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
25.7%	57.9%	4.3%	5.5%	6.6%	100.0%		
5,707,267	12,868,592	962,197	1,218,992	1,471,544	22,228,592	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Meadowbrook Manor
720 Raymond Drive
Naperville, IL. 60563

Reference Numbers

Facility ID	6014518	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Naperville Township

Administrator
Alison Elsner

Contact Person and Telephone
KC Karanth
630-355-0220

Registered Agent Information
Charles P. Sheets
161 N. Clark St., Suite 4200
Chicago, IL 60601

Date Questionnaire Completed 4/16/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	214
Total Admissions 2017	326
Total Discharges 2017	336
Residents on 12/31/2017	204

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	71
Alzheimer Disease	26
Mental Illness	1
Developmental Disability	0
Circulatory System	15
Respiratory System	21
Digestive System	3
Genitourinary System Disorders	17
Skin Disorders	4
Musculo-skeletal Disorders	23
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	11
TOTALS	204

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	245	245	223	245	204	41	245	245
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	245	245	223	245	204	41	245	245

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4454	5.0%	58050	64.9%	0	351	13242	0	76097	85.1%	85.1%
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%
TOTALS	4454	5.0%	58050	64.9%	0	351	13242	0	76097	85.1%	85.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	13	15	0	0	0	0	0	0	13	15	28
75 to 84	38	63	0	0	0	0	0	0	38	63	101
85+	17	46	0	0	0	0	0	0	17	46	63
TOTALS	77	127	0	0	0	0	0	0	77	127	204

Meadowbrook Manor
720 Raymond Drive
Naperville, IL. 60563

Classification Numbers

Facility ID	6014518	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Naperville Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	152	0	4	36	0	204
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	152	0	4	36	0	204

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	11	0	0	0	11
American Indian	0	0	0	0	0
Black	21	0	0	0	21
Hawaiian/Pacific Isl.	1	0	0	0	1
White	128	0	0	0	128
Race Unknown	43	0	0	0	43
Total	204	0	0	0	204

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	161	0	0	0	161
Ethnicity Unknown	35	0	0	0	35
Total	204	0	0	0	204

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	33.00
Certified Aides	72.00
Other Health Staff	28.00
Non-Health Staff	64.00
Totals	219.00

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
6.3%	36.7%	0.0%	2.8%	54.2%	100.0%		
1,809,482	10,550,235	0	804,923	15,591,000	28,755,640	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Meadowbrook Manor LaGrange
339 9th Avenue
LaGrange, IL. 60525

Reference Numbers

Facility ID	6016281	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lyons Township

Administrator
Jennifer Bebinger

Contact Person and Telephone
Jennifer Bebinger
708-354-4660

Registered Agent Information
Charles Sheets
150 N. Riverside Plaza, Suite 3000

Date Questionnaire Completed 4/16/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	102
Total Admissions 2017	116
Total Discharges 2017	148
Residents on 12/31/2017	70

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 7

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	197	120	114	120	70	127	94	197
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	197	120	114	120	70	127	94	197

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2854	8.3%	25132	35.0%	0	163	4647	0	32796	45.6%	74.9%
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%
TOTALS	2854	8.3%	25132	35.0%	0	163	4647	0	32796	45.6%	74.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	8	7	0	0	0	0	0	0	8	7	15
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	2	26	0	0	0	0	0	0	2	26	28
TOTALS	20	50	0	0	0	0	0	0	20	50	70

Meadowbrook Manor LaGrange
339 9th Avenue
LaGrange, IL. 60525

Classification Numbers

Facility ID	6016281	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lyons Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	49	0	2	13	0	70
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	49	0	2	13	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	2	0	0	0	2
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.20
LPN's	18.16
Certified Aides	36.26
Other Health Staff	9.27
Non-Health Staff	43.25
Totals	117.14

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
19.9%	64.7%	0.0%	5.3%	10.0%	100.0%		
1,365,855	4,438,879	0	363,128	687,976	6,855,838	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Meadowood
320 South 2nd Street
Grayville, IL. 62844

Reference Numbers

Facility ID	6005987	
Health Service Area	005	
Planning Service Area	193	White
County	193	White County

Administrator
Michael A Cunningham

Contact Person and Telephone
Michael A Cunningham
618-375-2171

Registered Agent Information
Roscoe D Cunningham
P.O. Box 511
Lawrenceville, IL 62439

Date Questionnaire Completed 4/16/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	43
Total Admissions 2017	29
Total Discharges 2017	36
Residents on 12/31/2017	36

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	13
Developmental Disability	1
Circulatory System	10
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	36

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	74	74	48	74	36	38	10	74
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	74	74	48	74	36	38	10	74

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1671	45.8%	8244	30.5%	416	0	3423	0	13754	50.9%	50.9%
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%
TOTALS	1671	45.8%	8244	30.5%	416	0	3423	0	13754	50.9%	50.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	0	3	3
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	2	0	0	0	0	0	0	0	2	0	2
75 to 84	2	10	0	0	0	0	0	0	2	10	12
85+	5	11	0	0	0	0	0	0	5	11	16
TOTALS	10	26	0	0	0	0	0	0	10	26	36

Meadowood
320 South 2nd Street
Grayville, IL. 62844

Classification Numbers

Facility ID	6005987	
Health Service Area	005	
Planning Service Area	193	White
County	193	White County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	23	2	0	8	0	36
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	23	2	0	8	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	36	0	0	0	36
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	8.00
Certified Aides	27.00
Other Health Staff	3.00
Non-Health Staff	16.00
Totals	61.00

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%	26.1%	1.0%	0.0%	42.8%	100.0%		
597,482	521,007	20,708	0	853,973	1,993,170	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Meadows
3250 S. Plum Grove Road
Rolling Meadows, IL. 60008

Reference Numbers

Facility ID	6005995	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Palatine Township

Administrator
Robin Witt

Contact Person and Telephone
Robin Witt
847-397-0055

Registered Agent Information
Byrn Witt
3250 S. Plum Grove Road
Rolling Meadows, IL 60008

Date Questionnaire Completed 3/19/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	92
Total Admissions 2017	9
Total Discharges 2017	8
Residents on 12/31/2017	93

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	93
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
TOTALS	93

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	99	99	93	99	93	6		99
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	93	99	93	6	0	99

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			31583	87.4%	0	730	0	0	32313	89.4%	89.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	31583	87.4%	0	730	0	0	32313	89.4%	89.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	13	4	0	0	13	4	17
45 to 59	0	0	0	0	17	13	0	0	17	13	30
60 to 64	0	0	0	0	6	7	0	0	6	7	13
65 to 74	0	0	0	0	8	13	0	0	8	13	21
75 to 84	0	0	0	0	3	8	0	0	3	8	11
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	47	46	0	0	47	46	93

Meadows
3250 S. Plum Grove Road
Rolling Meadows, IL. 60008

Classification Numbers

Facility ID	6005995	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Palatine Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		91	0	2	0	0	93
Sheltered Care			0	0	0	0	0
TOTALS	0	91	0	2	0	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	4	0	4
American Indian	0	0	1	0	1
Black	0	0	6	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	82	0	82
Race Unknown	0	0	0	0	0
Total	0	0	93	0	93

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	92	0	92
Ethnicity Unknown	0	0	0	0	0
Total	0	0	93	0	93

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.95
Certified Aides	24.20
Other Health Staff	0.75
Non-Health Staff	17.20
Totals	53.10

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
0.0%	96.8%	0.0%	0.0%	3.2%	100.0%		
0	4,358,817	0	0	146,196	4,505,013	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Meadows Mennonite Retirement Community
24588 Church Street
Chenoa, IL. 61726-9395

Reference Numbers

Facility ID	6006001	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Nicole Hibbard

Contact Person and Telephone
Nicole Hibbard
309-747-3661

Registered Agent Information
Roger Hasler
24588 Church St.
Chenoa, IL 61726

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	95
Total Admissions 2017	82
Total Discharges 2017	88
Residents on 12/31/2017	89

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	17
Mental Illness	7
Developmental Disability	0
Circulatory System	20
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	42
Non-Medical Conditions	0
TOTALS	89

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	130	114	0	114	89	41	116	130
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	29	3	0	3	0	29		
TOTAL BEDS	159	117	0	117	89	70	116	130

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1454	3.4%	15829	33.4%	0	0	16318	0	33601	70.8%	80.8%
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%
TOTALS	1454	3.4%	15829	33.4%	0	0	16318	0	33601	57.9%	78.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	10	21	0	0	0	0	0	0	10	21	31
85+	11	40	0	0	0	0	0	0	11	40	51
TOTALS	24	65	0	0	0	0	0	0	24	65	89

Meadows Mennonite Retirement Community
24588 Church Street
Chenoa, IL. 61726-9395

Classification Numbers

Facility ID	6006001	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	34	0	0	49	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	34	0	0	49	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	89	0	0	0	89
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.21
LPN's	18.15
Certified Aides	88.09
Other Health Staff	0.00
Non-Health Staff	63.38
Totals	183.83

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
18.2%	26.4%	0.0%	1.4%	54.0%	100.0%		
1,390,545	2,025,129	0	106,750	4,136,798	7,659,222	157,214	2.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Medina Nursing Center, Inc.
402 S Center St
Durand, IL. 61024

Reference Numbers

Facility ID	6006019	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Holgeir Oksnevad

Contact Person and Telephone
Laura Wainwright
815-248-2151

Registered Agent Information

Date Questionnaire Completed 3/29/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	63
Total Admissions 2017	109
Total Discharges 2017	105
Residents on 12/31/2017	67

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	13
Mental Illness	14
Developmental Disability	1
Circulatory System	14
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	67

Total Residents Diagnosed as Mentally Ill 14

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	89	75	70	75	67	22	89	89
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	89	75	70	75	67	22	89	89

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1396	4.3%	12510	38.5%	2966	1	6437	0	23310	71.8%	85.2%
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%
TOTALS	1396	4.3%	12510	38.5%	2966	1	6437	0	23310	71.8%	85.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	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	7	3	0	0	0	0	0	0	7	3	10
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	14	22	0	0	0	0	0	0	14	22	36
TOTALS	30	37	0	0	0	0	0	0	30	37	67

Medina Nursing Center, Inc.
402 S Center St
Durand, IL. 61024

Classification Numbers

Facility ID	6006019	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	39	11	14	1	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	39	11	14	1	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.50
LPN's	5.00
Certified Aides	21.10
Other Health Staff	3.00
Non-Health Staff	32.80
Totals	69.40

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
18.5%	36.8%	18.9%	0.0%	25.9%	100.0%		
899,220	1,789,992	920,701	0	1,259,021	4,868,934	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEMORIAL CARE CENTER
4315 MEMORIAL DRIVE
Belleville, IL. 62226

Reference Numbers

Facility ID	6006035	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Cassidy Hoelscher

Contact Person and Telephone
Cassidy Hoelscher
618-257-5768

Registered Agent Information
Mark J. Turner
4500 Memorial Drive
Belleville, IL 62226

Date Questionnaire Completed 4/5/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	70
Total Admissions 2017	1,295
Total Discharges 2017	1,298
Residents on 12/31/2017	67

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	14
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	18
Other Medical Conditions	2
Non-Medical Conditions	1
TOTALS	65

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	82	82	76	82	65	17	108	8
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	82	82	76	82	65	17	108	8

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15596	39.6%	38	1.3%	228	8529	29	878	25298	84.5%	84.5%
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%
TOTALS	15596	39.6%	38	1.3%	228	8529	29	878	25298	84.5%	84.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	11	15	0	0	0	0	0	0	11	15	26
85+	7	18	0	0	0	0	0	0	7	18	25
TOTALS	24	41	0	0	0	0	0	0	24	41	65

MEMORIAL CARE CENTER
4315 MEMORIAL DRIVE
Belleville, IL. 62226

Classification Numbers

Facility ID	6006035	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	0	0	24	0	0	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	41	0	0	24	0	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	26.20
LPN's	5.40
Certified Aides	25.60
Other Health Staff	26.40
Non-Health Staff	12.40
Totals	98.00

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
90.7%	0.4%	1.4%	7.4%	0.2%	100.0%		
10,922,000	45,000	167,000	887,000	23,000	12,044,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Mendota Lutheran Home
500 Sixth St
Mendota, IL. 61342

Reference Numbers

Facility ID	6006050	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

Administrator
Michelle Urnikis

Contact Person and Telephone
Michelle Urnikis
815-539-1203

Registered Agent Information

Date Questionnaire Completed 3/15/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	63
Total Admissions 2017	105
Total Discharges 2017	98
Residents on 12/31/2017	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	2
Mental Illness	13
Developmental Disability	0
Circulatory System	9
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	11
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	70

Total Residents Diagnosed as Mentally Ill 61

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	76	99	69	30	99	52
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	14	6	1	6	1	13		
TOTAL BEDS	113	105	77	105	70	43	99	52

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2721	7.5%	10675	56.2%	0	0	11605	0	25001	69.2%	69.2%
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	365	0	365	7.1%	16.7%
TOTALS	2721	7.5%	10675	56.2%	0	0	11970	0	25366	61.5%	66.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	9	39	0	0	0	0	0	1	9	40	49
TOTALS	17	52	0	0	0	0	0	1	17	53	70

Mendota Lutheran Home
500 Sixth St
Mendota, IL. 61342

Classification Numbers

Facility ID	6006050	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	25	0	0	34	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	1	0	1
TOTALS	10	25	0	0	35	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	1	69
Race Unknown	0	0	0	0	0
Total	68	0	0	1	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	1	0	0	0	1

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	4.00
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	32.00
Totals	69.00

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
27.4%	25.1%	0.0%	0.1%	47.4%	100.0%		
1,567,991	1,433,821	0	7,809	2,708,438	5,718,059	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Mercy Circle
3659 W. 99th Street
Chicago, IL. 60655

Reference Numbers

Facility ID	6016737	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 74 - Mount Greenwood

Administrator
Frances Lachowicz

Contact Person and Telephone
Diana Bowden
773-253-3626

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/12/2018

Continuing Care Retirement Community

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	19
Total Admissions 2017	31
Total Discharges 2017	30
Residents on 12/31/2017	20

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	5
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	20

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	23	23	23	23	20	3	0	0
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	23	23	23	23	20	3	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1984	0.0%	4161	0.0%	0	33	1658	0	7836	93.3%	93.3%
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%
TOTALS	1984	0.0%	4161	0.0%	0	33	1658	0	7836	93.3%	93.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	0	5	0	0	0	0	0	0	0	5	5
85+	2	11	0	0	0	0	0	0	2	11	13
TOTALS	2	18	0	0	0	0	0	0	2	18	20

Mercy Circle
3659 W. 99th Street
Chicago, IL. 60655

Classification Numbers

Facility ID	6016737	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 74 - Mount Greenwood

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	9	0	0	6	0	20
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	9	0	0	6	0	20

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	20	0	0	0	20
Race Unknown	0	0	0	0	0
Total	20	0	0	0	20

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	20	0	0	0	20
Ethnicity Unknown	0	0	0	0	0
Total	20	0	0	0	20

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.65
LPN's	1.80
Certified Aides	12.31
Other Health Staff	2.00
Non-Health Staff	13.70
Totals	34.46

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
50.7%	35.0%	9.1%	0.0%	5.1%	100.0%		
1,055,557	729,317	190,489	202	106,604	2,082,169	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Mercy Harvard Hopsital Care Center
901 Grant Street
Harvard, IL. 60033

Reference Numbers

Facility ID	6015697	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

Administrator
Katherine Kus

Contact Person and Telephone
Katherine Kus
815-943-2967

Registered Agent Information

Date Questionnaire Completed 3/28/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	23
Total Admissions 2017	108
Total Discharges 2017	109
Residents on 12/31/2017	22

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	45	32	29	32	22	23	34	6
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	45	32	29	32	22	23	34	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2154	17.4%	1637	74.7%	0	159	4460	0	8410	51.2%	72.0%
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%
TOTALS	2154	17.4%	1637	74.7%	0	159	4460	0	8410	51.2%	72.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	2	5	0	0	0	0	0	0	2	5	7
85+	4	8	0	0	0	0	0	0	4	8	12
TOTALS	6	16	0	0	0	0	0	0	6	16	22

Mercy Harvard Hopsital Care Center
901 Grant Street
Harvard, IL. 60033

Classification Numbers

Facility ID	6015697	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	4	0	0	13	0	22
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	4	0	0	13	0	22

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	22	0	0	0	22
Race Unknown	0	0	0	0	0
Total	22	0	0	0	22

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	22	0	0	0	22
Total	22	0	0	0	22

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.20
LPN's	0.00
Certified Aides	14.00
Other Health Staff	6.00
Non-Health Staff	2.00
Totals	31.20

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
51.7%	11.0%	0.0%	3.5%	33.9%	100.0%		
1,019,722	216,224	0	68,561	667,986	1,972,493	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Mercy Rehab & Care Center
100 Rosewood Village Drive
Swansea, IL. 62226

Reference Numbers

Facility ID	6010391	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Gail Kimmle

Contact Person and Telephone
Gail Kimmle
618-236-1391

Registered Agent Information
Daniel Maher
412 East Lawrence Avenue
Springfield, IL 62703

Date Questionnaire Completed 3/19/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	93
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	93

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	4
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	0
Circulatory System	2
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	9
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	49
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	104	120	95	25	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	104	120	95	25	120	120

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3329	7.6%	16802	38.4%	0	1323	11265	0	32719	74.7%	74.7%
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%
TOTALS	3329	7.6%	16802	38.4%	0	1323	11265	0	32719	74.7%	74.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	2	10	0	0	0	0	0	0	2	10	12
75 to 84	6	23	0	0	0	0	0	0	6	23	29
85+	8	44	0	0	0	0	0	0	8	44	52
TOTALS	16	79	0	0	0	0	0	0	16	79	95

Mercy Rehab & Care Center
100 Rosewood Village Drive
Swansea, IL. 62226

Classification Numbers

Facility ID	6010391	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	54	0	3	29	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	54	0	3	29	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	14.00
Certified Aides	37.00
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	86.00

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
26.7%	34.9%	0.0%	7.0%	31.5%	100.0%		
1,848,351	2,415,091	0	481,412	2,179,978	6,924,832	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

8/5/2016 Formerly Rosewood Care Center Swansea.

8/5/2016 Change of Ownership occurred.

MERIDIAN VILLAGE
27 AUERBACH PLACE
Glen Carbon, IL. 62304

Reference Numbers

Facility ID	6015812	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Sarah Burch

Contact Person and Telephone
Sarah Burch
618-205-4201

Registered Agent Information

Date Questionnaire Completed 4/12/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	60
Total Admissions 2017	435
Total Discharges 2017	432
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	4
Developmental Disability	0
Circulatory System	19
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	9
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	63

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	70	70	70	70	63	7	70	14
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	70	70	70	70	63	7	70	14

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4273	16.7%	1153	22.6%	0	3455	14370	0	23251	91.0%	91.0%
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%
TOTALS	4273	16.7%	1153	22.6%	0	3455	14370	0	23251	91.0%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	10	40	0	0	0	0	0	0	10	40	50
TOTALS	16	47	0	0	0	0	0	0	16	47	63

MERIDIAN VILLAGE
27 AUERBACH PLACE
Glen Carbon, IL. 62304

Classification Numbers

Facility ID	6015812	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	3	0	7	41	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	3	0	7	41	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	1	0	0	0	1
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	5.41
LPN's	13.62
Certified Aides	33.01
Other Health Staff	2.00
Non-Health Staff	11.56
Totals	68.60

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
26.8%	2.4%	0.0%	16.1%	54.7%	100.0%		
2,012,529	184,094	0	1,210,724	4,111,787	7,519,134	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Metropolis Rehabilitation and Health Care Center
2299 Metropolis Street
Metropolis, IL. 62960

Reference Numbers

Facility ID	6006118	
Health Service Area	005	
Planning Service Area	087	Johnson/Massac
County	127	Massac County

Administrator
Lea Ann Smith

Contact Person and Telephone
Lea Ann Smith
618-524-2634

Registered Agent Information
Daniel Maher
412 E Lawrence
Springfield, IL 62703

Date Questionnaire Completed 5/8/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	52
Total Admissions 2017	106
Total Discharges 2017	96
Residents on 12/31/2017	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	2
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	39

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	101	92	63	76	62	39	101	101
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	101	92	63	76	62	39	101	101

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3352	9.1%	10333	28.0%	975	522	5011	0	20193	54.8%	60.1%
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%
TOTALS	3352	9.1%	10333	28.0%	975	522	5011	0	20193	54.8%	60.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	15	9	0	0	0	0	0	0	15	9	24
85+	5	23	0	0	0	0	0	0	5	23	28
TOTALS	24	38	0	0	0	0	0	0	24	38	62

Metropolis Rehabilitation and Health Care Center
2299 Metropolis Street
Metropolis, IL. 62960

Classification Numbers

Facility ID	6006118	
Health Service Area	005	
Planning Service Area	087	Johnson/Massac
County	127	Massac County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	32	0	5	12	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	32	0	5	12	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	10.00
Certified Aides	47.00
Other Health Staff	0.00
Non-Health Staff	8.00
Totals	84.00

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
39.2%	38.1%	0.0%	4.6%	18.1%	100.0%		
1,511,532	1,468,394	0	178,841	698,397	3,857,164	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Midway Neurological & Rehabilitation Center
8540 S. Harlem Ave.
Bridgeview, IL. 60455

Reference Numbers

Facility ID	6003826	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lyons Township

Administrator
Michael Brown

Contact Person and Telephone
Michael Brown
708-598-2605

Registered Agent Information
Michael Bush
240 Fencl Lane
Hillside, IL 60162

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	343
Total Admissions 2017	213
Total Discharges 2017	200
Residents on 12/31/2017	356

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	34
Blood Disorders	2
*Nervous System Non Alzheimer	60
Alzheimer Disease	13
Mental Illness	62
Developmental Disability	0
Circulatory System	40
Respiratory System	83
Digestive System	5
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	19
Injuries and Poisonings	2
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	355

Total Residents Diagnosed as Mentally Ill 203

Total Residents Reported as Identified Offenders 70

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	404	371	361	371	355	49	404	404
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	404	371	361	371	355	49	404	404

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1263	0.9%	23035	15.6%	1838	470	520	0	27126	18.4%	20.0%
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%
TOTALS	1263	0.9%	23035	15.6%	1838	470	520	0	27126	18.4%	20.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	35	15	0	0	0	0	0	0	35	15	50
45 to 59	81	44	0	0	0	0	0	0	81	44	125
60 to 64	53	31	0	0	0	0	0	0	53	31	84
65 to 74	41	29	0	0	0	0	0	0	41	29	70
75 to 84	8	12	0	0	0	0	0	0	8	12	20
85+	1	5	0	0	0	0	0	0	1	5	6
TOTALS	219	136	0	0	0	0	0	0	219	136	355

Midway Neurological & Rehabilitation Center
8540 S. Harlem Ave.
Bridgeview, IL. 60455

Classification Numbers

Facility ID	6003826	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lyons Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	337	8	0	2	0	355
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	337	8	0	2	0	355

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	157	0	0	0	157
Hawaiian/Pacific Isl.	0	0	0	0	0
White	160	0	0	0	160
Race Unknown	0	0	0	0	0
Total	320	0	0	0	320

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	35	0	0	0	35
Non-Hispanic	320	0	0	0	320
Ethnicity Unknown	0	0	0	0	0
Total	355	0	0	0	355

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	12.00
LPN's	26.00
Certified Aides	66.00
Other Health Staff	9.00
Non-Health Staff	74.00
Totals	192.00

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
9.7%	83.5%	2.1%	4.4%	0.3%	100.0%		
2,149,930	18,422,573	456,024	965,910	60,489	22,054,926	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Milestone - Elmwood East
2642 Elmwood Road
Rockford, IL. 61103

Reference Numbers

Facility ID	6006159	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Peggy Brechon

Contact Person and Telephone
Peggy Brechon
815-639-2733

Registered Agent Information

Date Questionnaire Completed 4/12/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	0
Total Discharges 2017	1
Residents on 12/31/2017	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
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
TOTALS	11

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	11	12	11	1		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	11	12	11	1	0	12

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4181	95.5%	0	0	0	0	4181	95.5%	95.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4181	95.5%	0	0	0	0	4181	95.5%	95.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	2	0	0	4	2	6
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	6	5	0	0	6	5	11

Milestone - Elmwood East
2642 Elmwood Road
Rockford, IL. 61103

Classification Numbers

Facility ID	6006159	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	10	0	10
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	12.50

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%	77.7%	6.2%	0.0%	16.1%	100.0%		
0	474,898	37,987	0	98,391	611,276	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Milestone- Elmwood Heights
2662 Elmwood Road
Rockford, IL. 61103

Reference Numbers

Facility ID	6006142	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Peggy Brechon

Contact Person and Telephone
Peggy Brechon
815-639-2733

Registered Agent Information

Date Questionnaire Completed 4/12/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	83
Total Admissions 2017	2
Total Discharges 2017	2
Residents on 12/31/2017	83

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	83
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
TOTALS	83

Total Residents Diagnosed as Mentally Ill 25

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	84	84	83	84	83	1		84
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	84	84	83	84	83	1	0	84

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			29760	97.1%	0	0	0	0	29760	97.1%	97.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	29760	97.1%	0	0	0	0	29760	97.1%	97.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	20	11	0	0	20	11	31
45 to 59	0	0	0	0	13	13	0	0	13	13	26
60 to 64	0	0	0	0	5	2	0	0	5	2	7
65 to 74	0	0	0	0	8	5	0	0	8	5	13
75 to 84	0	0	0	0	4	2	0	0	4	2	6
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	50	33	0	0	50	33	83

Milestone- Elmwood Heights
2662 Elmwood Road
Rockford, IL. 61103

Classification Numbers

Facility ID	6006142	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		83	0	0	0	0	83
Sheltered Care			0	0	0	0	0
TOTALS	0	83	0	0	0	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	1	0	1
Black	0	0	18	0	18
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	63	0	63
Race Unknown	0	0	0	0	0
Total	0	0	83	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	7	0	7
Non-Hispanic	0	0	76	0	76
Ethnicity Unknown	0	0	0	0	0
Total	0	0	83	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	116.00
Other Health Staff	20.00
Non-Health Staff	0.00
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
0.0%	89.7%	2.4%	0.0%	7.9%	100.0%		
0	7,058,156	185,272	0	622,678	7,866,106	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MILESTONE SEARLES
3310 SEARLES AVE
Rockford, IL. 61101

Reference Numbers

Facility ID	6008411	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Theresa Risser

Contact Person and Telephone
Theresa Risser
815-639-2884

Registered Agent Information

Date Questionnaire Completed 4/9/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	0
Total Discharges 2017	2
Residents on 12/31/2017	10

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	10
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
TOTALS	10

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	1	12	12	10	2		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	1	12	12	10	2	0	12

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			3908	89.2%	0	0	0	0	3908	89.2%	1070.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3908	89.2%	0	0	0	0	3908	89.2%	1070.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	1	0	0	5	1	6
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	6	4	0	0	6	4	10

MILESTONE SEARLES
3310 SEARLES AVE
Rockford, IL. 61101

Classification Numbers

Facility ID	6008411	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		10	0	0	0	0	10
Sheltered Care			0	0	0	0	0
TOTALS	0	10	0	0	0	0	10

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	10	0	10

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	10	0	10
Ethnicity Unknown	0	0	0	0	0
Total	0	0	10	0	10

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	10.00

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
0.0%	70.3%	12.7%	0.0%	17.0%	100.0%		
0	415,447	75,078	0	100,118	590,643	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MILESTONE SUN VALLEY
3351 SUN VALLEY TER
Rockford, IL. 61103

Reference Numbers

Facility ID	6012181	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Theresa Risser

Contact Person and Telephone
Theresa Risser
815-639-2884

Registered Agent Information

Date Questionnaire Completed 4/9/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	8
Total Admissions 2017	0
Total Discharges 2017	1
Residents on 12/31/2017	7

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	7
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
TOTALS	7

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	8	8	8	7	7	1		8
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	8	8	8	7	7	1	0	8

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2798	95.8%	0	0	0	0	2798	95.8%	95.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2798	95.8%	0	0	0	0	2798	95.8%	95.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	1	0	0	3	1	4
45 to 59	0	0	0	0	0	3	0	0	0	3	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	3	4	0	0	3	4	7

MILESTONE SUN VALLEY
3351 SUN VALLEY TER
Rockford, IL. 61103

Classification Numbers

Facility ID	6012181	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		7	0	0	0	0	7
Sheltered Care			0	0	0	0	0
TOTALS	0	7	0	0	0	0	7

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	7	0	7

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	7	0	7
Ethnicity Unknown	0	0	0	0	0
Total	0	0	7	0	7

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	6.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	7.00

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
0.0%	89.3%	0.0%	0.0%	10.7%	100.0%		
0	386,957	0	0	46,283	433,240	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Miller Health Care Center
1601 Butterfield Trail
Kankakee, IL. 60901

Reference Numbers

Facility ID	6014294	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Jamee O'Brien

Contact Person and Telephone
Jamee O'Brien
815-936-6500

Registered Agent Information
Mr. Phillip Kambic
350 North Wall Street
Kankakee, IL 60901

Date Questionnaire Completed 3/20/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	118
Total Admissions 2017	820
Total Discharges 2017	828
Residents on 12/31/2017	110

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	11
Mental Illness	2
Developmental Disability	0
Circulatory System	19
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	3
Injuries and Poisonings	25
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	110

Total Residents Diagnosed as Mentally Ill 48

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	160	160	138	160	110	50	110	10
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	160	160	138	160	110	50	110	10

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	20122	50.1%	2864	78.5%	0	917	20259	0	44162	75.6%	75.6%
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%
TOTALS	20122	50.1%	2864	78.5%	0	917	20259	0	44162	75.6%	75.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	3	0	0	0	0	0	0	0	3	3
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	14	21	0	0	0	0	0	0	14	21	35
85+	17	40	0	0	0	0	0	0	17	40	57
TOTALS	37	73	0	0	0	0	0	0	37	73	110

Miller Health Care Center
1601 Butterfield Trail
Kankakee, IL. 60901

Classification Numbers

Facility ID	6014294	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	42	8	0	3	57	0	110
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	42	8	0	3	57	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	108	0	0	0	108
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	41.20
LPN's	14.70
Certified Aides	60.05
Other Health Staff	8.00
Non-Health Staff	44.20
Totals	170.15

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
64.3%	2.8%	0.0%	2.5%	30.4%	100.0%		
9,971,546	436,300	0	390,414	4,707,076	15,505,336	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Miniat House
6300 N. Ridge Ave
Chicago, IL. 60660

Reference Numbers

Facility ID	6006209	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Joe Ferrara

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave
Chicago, IL 60660

Date Questionnaire Completed 3/28/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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
TOTALS	12

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	######	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	######	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	12	0	0	0	12	0	12
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	12	0	0	0	12	0	12

Miniat House
6300 N. Ridge Ave
Chicago, IL. 60660

Classification Numbers

Facility ID	6006209	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	12	0	12
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.22
Physicians	0.09
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	11.57
Other Health Staff	4.40
Non-Health Staff	0.23
Totals	16.62

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%	85.5%	0.0%	0.0%	14.5%	100.0%		
0	631,428	0	0	107,023	738,451	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Momence Meadows Nursing and Rehab Center, L
500 S. Walnut Street
Momence, IL. 60954

Reference Numbers

Facility ID	6006258	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Sandra L. Erickson

Contact Person and Telephone
Sandra L. Erickson
815-472-2423

Registered Agent Information
Michele Bush
240 Fencl Lane
Hillside, IL 60162

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	78
Total Admissions 2017	141
Total Discharges 2017	146
Residents on 12/31/2017	73

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	9
Mental Illness	9
Developmental Disability	4
Circulatory System	20
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 29

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	140	140	140	140	73	67	140	140
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	140	140	140	140	73	67	140	140

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1263	2.5%	24873	48.7%	0	470	520	0	27126	53.1%	53.1%
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%
TOTALS	1263	2.5%	24873	48.7%	0	470	520	0	27126	53.1%	53.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	2	0	0	0	0	0	0	1	2	3
45 to 59	2	5	0	0	0	0	0	0	2	5	7
60 to 64	7	6	0	0	0	0	0	0	7	6	13
65 to 74	14	8	0	0	0	0	0	0	14	8	22
75 to 84	8	8	0	0	0	0	0	0	8	8	16
85+	2	10	0	0	0	0	0	0	2	10	12
TOTALS	34	39	0	0	0	0	0	0	34	39	73

Momence Meadows Nursing and Rehab Center, L
500 S. Walnut Street
Momence, IL. 60954

Classification Numbers

Facility ID	6006258	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	65	0	0	2	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	65	0	0	2	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.40
Certified Aides	17.50
Other Health Staff	2.50
Non-Health Staff	24.50
Totals	55.90

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
11.7%	82.4%	0.0%	4.0%	1.8%	100.0%		
651,062	4,576,493	0	221,703	101,661	5,550,919	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MONMOUTH NURSING HOME
117 SOUTH I STREET
Monmouth, IL. 61462

Reference Numbers

Facility ID	6006266	
Health Service Area	002	
Planning Service Area	071	Henderson/Warren
County	187	Warren County

Administrator
Joyce M Juergens

Contact Person and Telephone
Joyce M Juergens
309-734-3811

Registered Agent Information

Date Questionnaire Completed 4/9/2018

Life Care Facility

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	52
Total Admissions 2017	53
Total Discharges 2017	58
Residents on 12/31/2017	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	7
Developmental Disability	0
Circulatory System	7
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	10
Other Medical Conditions	2
Non-Medical Conditions	2
TOTALS	47

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	59	52	52	47	47	12	0	59
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	59	52	52	47	47	12	0	59

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	867	0.0%	7962	37.0%	1241	98	8120	0	18288	84.9%	96.4%
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%
TOTALS	867	0.0%	7962	37.0%	1241	98	8120	0	18288	84.9%	96.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	1	0	0	0	0	0	0	4	1	5
75 to 84	1	10	0	0	0	0	0	0	1	10	11
85+	7	24	0	0	0	0	0	0	7	24	31
TOTALS	12	35	0	0	0	0	0	0	12	35	47

MONMOUTH NURSING HOME
117 SOUTH I STREET
Monmouth, IL. 61462

Classification Numbers

Facility ID	6006266	
Health Service Area	002	
Planning Service Area	071	Henderson/Warren
County	187	Warren County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	22	0	0	22	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	22	0	0	22	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	1	0	0	0	1
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	46	0	0	0	46
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	20.00
Other Health Staff	4.00
Non-Health Staff	16.00
Totals	53.00

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
14.7%	35.5%	5.6%	0.7%	43.5%	100.0%		
430,169	1,034,900	162,038	19,549	1,270,226	2,916,882	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Monroe Pavilion Health and Treatment Center
1400 W. Monroe
Chicago, IL. 60607

Reference Numbers

Facility ID	6006290	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 28 - Near West Side

Administrator
Linda Williams

Contact Person and Telephone
Lesa Jagusch

Registered Agent Information
Illinois Corperation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/6/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	108
Total Admissions 2017	123
Total Discharges 2017	125
Residents on 12/31/2017	106

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	106
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
TOTALS	106

Total Residents Diagnosed as Mentally Ill 106

Total Residents Reported as Identified Offenders 29

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	136	136	106	136	106	30	0	136
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	136	136	106	136	106	30	0	136

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	36055	72.6%	2202	2107	506	0	40870	82.3%	82.3%
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%
TOTALS	0	0.0%	36055	72.6%	2202	2107	506	0	40870	82.3%	82.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	22	9	0	0	0	0	0	0	22	9	31
45 to 59	35	8	0	0	0	0	0	0	35	8	43
60 to 64	14	2	0	0	0	0	0	0	14	2	16
65 to 74	10	4	0	0	0	0	0	0	10	4	14
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	82	24	0	0	0	0	0	0	82	24	106

Monroe Pavilion Health and Treatment Center
1400 W. Monroe
Chicago, IL. 60607

Classification Numbers

Facility ID	6006290	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 28 - Near West Side

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	91	8	5	2	0	106
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	91	8	5	2	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	80	0	0	0	80
Hawaiian/Pacific Isl.	0	0	0	0	0
White	25	0	0	0	25
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	0	0	0	0	0
Total	106	0	0	0	106

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	14.00
Certified Aides	22.00
Other Health Staff	5.00
Non-Health Staff	9.00
Totals	53.00

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
0.0%	82.4%	6.1%	10.1%	1.4%	100.0%		
0	3,832,849	282,985	467,250	65,780	4,648,864	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Montebello Healthcare Center
1599 Keokuk Street
Hamilton, IL. 62341

Reference Numbers

Facility ID	6006316	
Health Service Area	003	
Planning Service Area	067	Hancock
County	067	Hancock County

Administrator
Jonni R. Bullington

Contact Person and Telephone
Jonni R. Bullington
309-221-3926

Registered Agent Information
CT Corporation System
208 South LaSalle St. , Ste 814
Chicago, IL 60604

Date Questionnaire Completed 5/21/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	64
Total Admissions 2017	149
Total Discharges 2017	155
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	6
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	58

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	139	90	71	90	58	81	139	139
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	139	90	71	90	58	81	139	139

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3461	6.8%	14864	29.3%	669	44	4113	0	23151	45.6%	70.5%
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%
TOTALS	3461	6.8%	14864	29.3%	669	44	4113	0	23151	45.6%	70.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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		
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	3	13	0	0	0	0	0	0	3	13	16
85+	5	18	0	0	0	0	0	0	5	18	23
TOTALS	14		0	0	0	0	0	0	14		

Montebello Healthcare Center
1599 Keokuk Street
Hamilton, IL. 62341

Classification Numbers

Facility ID	6006316	
Health Service Area	003	
Planning Service Area	067	Hancock
County	067	Hancock County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	40	2	0	10	0	58
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	40	2	0	10	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.90
Registered Nurses	7.00
LPN's	3.90
Certified Aides	21.30
Other Health Staff	4.90
Non-Health Staff	6.80
Totals	45.80

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
40.7%	40.5%	1.7%	0.4%	16.7%	100.0%		
1,858,320	1,847,131	79,664	16,193	761,927	4,563,235	14,368	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Montgomery Nursing and Rehabilitation Center
9086 Illinois Route 127, PO Box 309
Hillsboro, IL. 62049

Reference Numbers

Facility ID	6004444	
Health Service Area	003	
Planning Service Area	135	Montgomery
County	135	Montgomery County

Administrator
Carla Vonderhaar

Contact Person and Telephone
Carla Vonderhaar
217-532-6126

Registered Agent Information
Stephen Miller
1140 Lake Street, Suite 410
Oak Park, IL 60301

Date Questionnaire Completed 3/26/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	94
Total Admissions 2017	165
Total Discharges 2017	161
Residents on 12/31/2017	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	39
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	110	107	98	107	98	12	20	110
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	110	107	98	107	98	12	20	110

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4365	59.8%	20424	50.9%	0	343	9082	264	34478	85.9%	88.3%
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%
TOTALS	4365	59.8%	20424	50.9%	0	343	9082	264	34478	85.9%	88.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	2	0	2
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	9	14	0	0	0	0	0	0	9	14	23
85+	10	42	0	0	0	0	0	0	10	42	52
TOTALS	33	65	0	0	0	0	0	0	33	65	98

Montgomery Nursing and Rehabilitation Center
9086 Illinois Route 127, PO Box 309
Hillsboro, IL. 62049

Classification Numbers

Facility ID	6004444	
Health Service Area	003	
Planning Service Area	135	Montgomery
County	135	Montgomery County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	63	0	2	18	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	63	0	2	18	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	39.00
Other Health Staff	7.00
Non-Health Staff	19.00
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
35.2%	42.2%	0.5%	3.0%	19.1%	100.0%		
2,412,000	2,890,000	32,000	202,000	1,308,000	6,844,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MONTGOMERY PLACE
5550 SOUTH SHORE DRIVE
Chicago, IL. 60637

Reference Numbers

Facility ID	6013171	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 41 - Hyde Park

Administrator
William Jansma

Contact Person and Telephone
William Jansma
773-753-4100

Registered Agent Information
Deborah Hart
5550 S Shore Drive
Chicago, IL 60637

Date Questionnaire Completed 5/19/2018

Continuing Care Retirement Community

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	35
Total Admissions 2017	324
Total Discharges 2017	324
Residents on 12/31/2017	35

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	8
Developmental Disability	0
Circulatory System	7
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	35

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	40	40	40	40	35	5	40	2
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	40	40	40	40	35	5	40	2

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4648	31.8%	689	94.4%	0	1071	6671	0	13079	89.6%	89.6%
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%
TOTALS	4648	31.8%	689	94.4%	0	1071	6671	0	13079	89.6%	89.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	1	11	0	0	0	0	0	0	1	11	12
85+	5	14	0	0	0	0	0	0	5	14	19
TOTALS	8	27	0	0	0	0	0	0	8	27	35

MONTGOMERY PLACE
5550 SOUTH SHORE DRIVE
Chicago, IL. 60637

Classification Numbers

Facility ID	6013171	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 41 - Hyde Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	2	0	0	19	0	35
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	2	0	0	19	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	21	0	0	0	21
Hawaiian/Pacific Isl.	0	0	0	0	0
White	14	0	0	0	14
Race Unknown	0	0	0	0	0
Total	35	0	0	0	35

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	0	35
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	0	35

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	7.00
Certified Aides	20.00
Other Health Staff	10.00
Non-Health Staff	2.00
Totals	49.00

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
46.4%	0.7%	0.0%	12.8%	40.2%	100.0%		
2,425,351	35,181	0	670,291	2,101,785	5,232,608	101,286	1.9%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MONTGOMERY TERRACE
215 N. WALNUT
Nokomis, IL. 62075

Reference Numbers

Facility ID	6006324	
Health Service Area	003	
Planning Service Area	135	Montgomery
County	135	Montgomery County

Administrator
ANNA BRACKENBUSH

Contact Person and Telephone
JASON CORNELL
407-848-6912

Registered Agent Information

Date Questionnaire Completed 4/5/2018

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	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5023	86.0%	0	0	0	0	5023	86.0%	86.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5023	86.0%	0	0	0	0	5023	86.0%	86.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	5	0	0	6	5	11
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	2	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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

MONTGOMERY TERRACE
215 N. WALNUT
Nokomis, IL. 62075

Classification Numbers

Facility ID	6006324	
Health Service Area	003	
Planning Service Area	135	Montgomery
County	135	Montgomery County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.13
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	0.13

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	596,802	0	0	0	596,802	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Moore House
9135 S Brandon
Chicago, IL. 60617

Reference Numbers

Facility ID	6006340	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 46 - South Chicago

Administrator
Linda Darling

Contact Person and Telephone
Linda Darling
773-918-6209

Registered Agent Information
Adrienne Golembiewski
1359 W Washington Blvd
Chicago, IL 60607

Date Questionnaire Completed 4/11/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	14
Total Admissions 2017	1
Total Discharges 2017	2
Residents on 12/31/2017	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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
TOTALS	13

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	13	15	13	2		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	13	15	13	2	0	15

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			13	0.2%	0	0	0	0	13	0.2%	0.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	13	0.2%	0	0	0	0	13	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	6	2	0	0	6	2	8
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	10	3	0	0	10	3	13

Moore House
9135 S Brandon
Chicago, IL. 60617

Classification Numbers

Facility ID	6006340	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 46 - South Chicago

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	11	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	2	0	2
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	1	0	1

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	1.00
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	14.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	647,958	0	0	0	647,958	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MOULTRIE COUNTY COMMUNITY CENTER
240 E. STATE P.O. BOX 229
Lovington, IL. 61937

Reference Numbers

Facility ID	6006423	
Health Service Area	004	
Planning Service Area	139	Moultrie
County	139	Moultrie County

Administrator
VALERIE POLING

Contact Person and Telephone
DAVE JACOBUS
217-763-2191

Registered Agent Information
DAVE JACOBUS
2576 N. GREENWAY ROAD
CERRO GORDO, IL 61818

Date Questionnaire Completed 4/16/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	11
Total Admissions 2017	2
Total Discharges 2017	1
Residents on 12/31/2017	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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
TOTALS	12

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	12	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	12	16	12	4	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			3950	67.6%	0	0	0	0	3950	67.6%	67.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3950	67.6%	0	0	0	0	3950	67.6%	67.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	5	0	0	3	5	8
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	3	0	0	0	3	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
TOTALS	0	0	0	0	4	8	0	0	4	8	12

MOULTRIE COUNTY COMMUNITY CENTER
240 E. STATE P.O. BOX 229
Lovington, IL. 61937

Classification Numbers

Facility ID	6006423	
Health Service Area	004	
Planning Service Area	139	Moultrie
County	139	Moultrie County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	1	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	6.50
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	7.50

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%	84.4%	0.0%	0.0%	15.6%	100.0%		
0	405,311	0	0	74,722	480,033	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Mount St. Joseph
24955 N. U.S. Highway 12
Lake Zurich, IL. 60047

Reference Numbers

Facility ID	6006456	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Sr. Charleen Badiola

Contact Person and Telephone
Sr. Charleen Badiola
847-438-5050

Registered Agent Information
Sr. Nancy McLennon
24955 N. U.S. Highway 12
Lake Zurich, IL 60047

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	120
Total Admissions 2017	1
Total Discharges 2017	5
Residents on 12/31/2017	116

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	116
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
TOTALS	116

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	129	129	120	116	116	13		129
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	129	129	120	116	116	13	0	129

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			39878	84.7%	0	0	722	0	40600	86.2%	86.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	39878	84.7%	0	0	722	0	40600	86.2%	86.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	30	0	0	0	30	30
45 to 59	0	0	0	0	0	47	0	0	0	47	47
60 to 64	0	0	0	0	0	12	0	0	0	12	12
65 to 74	0	0	0	0	0	15	0	0	0	15	15
75 to 84	0	0	0	0	0	8	0	0	0	8	8
85+	0	0	0	0	0	4	0	0	0	4	4
TOTALS	0	0	0	0	0	116	0	0	0	116	116

Mount St. Joseph
24955 N. U.S. Highway 12
Lake Zurich, IL. 60047

Classification Numbers

Facility ID	6006456	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		114	0	0	2	0	116
Sheltered Care			0	0	0	0	0
TOTALS	0	114	0	0	2	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	113	0	113
Race Unknown	0	0	0	0	0
Total	0	0	116	0	116

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	114	0	114
Ethnicity Unknown	0	0	0	0	0
Total	0	0	116	0	116

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.40
LPN's	4.70
Certified Aides	71.40
Other Health Staff	24.40
Non-Health Staff	44.70
Totals	156.60

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
0.0%	77.2%	0.0%	0.0%	22.8%	100.0%		
0	4,542,572	0	0	1,342,600	5,885,172	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Moweaqua Rehabilitation & Healthcare Center
525 S. Macon Street
Moweaqua, IL. 62550

Reference Numbers

Facility ID	6012322	
Health Service Area	004	
Planning Service Area	173	Shelby
County	173	Shelby County

Administrator
Stephanie Williams

Contact Person and Telephone
Stephanie Williams
217-768-3951

Registered Agent Information

Date Questionnaire Completed 4/5/2018

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	35
Total Admissions 2017	60
Total Discharges 2017	53
Residents on 12/31/2017	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	0
Circulatory System	19
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	70	68	50	68	42	28	70	70
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	70	68	50	68	42	28	70	70

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5	0.0%	20	0.1%	0	1	16	0	42	0.2%	0.2%
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%
TOTALS	5	0.0%	20	0.1%	0	1	16	0	42	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	3	0	0	0	0	0	0	4	3	7
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	4	1	0	0	0	0	0	0	4	1	5
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	5	15	0	0	0	0	0	0	5	15	20
TOTALS	16	26	0	0	0	0	0	0	16	26	42

Moweaqua Rehabilitation & Healthcare Center
525 S. Macon Street
Moweaqua, IL. 62550

Classification Numbers

Facility ID	6012322	
Health Service Area	004	
Planning Service Area	173	Shelby
County	173	Shelby County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	20	0	1	16	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	20	0	1	16	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.91
LPN's	4.37
Certified Aides	14.75
Other Health Staff	0.00
Non-Health Staff	12.11
Totals	36.14

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
29.7%	40.1%	0.0%	2.2%	27.9%	100.0%		
768,296	1,038,556	0	57,809	722,849	2,587,510	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Mt Vernon Countryside Manor, Inc.
606 East IL Hwy 15
Mt. Vernon, IL. 62864

Reference Numbers

Facility ID	6012512	
Health Service Area	005	
Planning Service Area	081	Jefferson
County	081	Jefferson County

Administrator
Tyger Downen

Contact Person and Telephone
Amy Elik
618-327-3064

Registered Agent Information
Denise King
1670 Essex Way Suite B
OFallon, IL 62269

Date Questionnaire Completed 4/9/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	83
Total Admissions 2017	210
Total Discharges 2017	220
Residents on 12/31/2017	73

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	14
Mental Illness	3
Developmental Disability	0
Circulatory System	14
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	13
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 51

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	91	91	86	91	73	18	32	91
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	91	91	86	91	73	18	32	91

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6594	56.5%	13425	40.4%	297	425	7542	0	28283	85.2%	85.2%
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%
TOTALS	6594	56.5%	13425	40.4%	297	425	7542	0	28283	85.2%	85.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	0	3	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	4	15	0	0	0	0	0	0	4	15	19
85+	10	36	0	0	0	0	0	0	10	36	46
TOTALS	16	57	0	0	0	0	0	0	16	57	73

Mt Vernon Countryside Manor, Inc.
606 East IL Hwy 15
Mt. Vernon, IL. 62864

Classification Numbers

Facility ID	6012512	
Health Service Area	005	
Planning Service Area	081	Jefferson
County	081	Jefferson County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	32	0	1	24	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	32	0	1	24	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.63
LPN's	10.43
Certified Aides	34.21
Other Health Staff	0.00
Non-Health Staff	25.95
Totals	78.22

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
51.0%	26.2%	0.6%	3.1%	19.2%	100.0%		
3,397,142	1,744,176	38,586	207,485	1,279,712	6,667,101	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Mt.Vernon Health Care Center
5 Doctors Park Road
Mt. Vernon, IL. 62864

Reference Numbers

Facility ID	6001531	
Health Service Area	005	
Planning Service Area	081	Jefferson
County	081	Jefferson County

Administrator
Patricia L.Friar

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/21/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	82
Total Admissions 2017	13
Total Discharges 2017	13
Residents on 12/31/2017	82

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	74
Mental Illness	4
Developmental Disability	0
Circulatory System	0
Respiratory System	1
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
TOTALS	82

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	106	106	90	106	82	24	0	106
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	106	106	90	106	82	24	0	106

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	25185	65.1%	0	0	6132	0	31317	80.9%	80.9%
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%
TOTALS	0	0.0%	25185	65.1%	0	0	6132	0	31317	80.9%	80.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	0	20	0	0	0	0	0	0	0	20	20
85+	16	36	0	0	0	0	0	0	16	36	52
TOTALS	22	60	0	0	0	0	0	0	22	60	82

Mt.Vernon Health Care Center
5 Doctors Park Road
Mt. Vernon, IL. 62864

Classification Numbers

Facility ID	6001531	
Health Service Area	005	
Planning Service Area	081	Jefferson
County	081	Jefferson County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	69	0	0	13	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	69	0	0	13	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	11.00
Certified Aides	45.00
Other Health Staff	4.00
Non-Health Staff	25.00
Totals	95.00

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
0.0%	78.5%	0.0%	0.0%	21.5%	100.0%		
0	3,161,665	0	0	865,109	4,026,774	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Mulberry Manor, Inc.
612 E. Davie St., PO Box 88
Anna, IL. 62906

Reference Numbers

Facility ID	6006472	
Health Service Area	005	
Planning Service Area	181	Union
County	181	Union County

Administrator
JoAnn Keller

Contact Person and Telephone
Charlene Thunder
618-833-6012

Registered Agent Information
James A. Keller
PO Box 88
Anna, IL 62906

Date Questionnaire Completed 4/16/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	45
Total Admissions 2017	2
Total Discharges 2017	5
Residents on 12/31/2017	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	42
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
TOTALS	42

Total Residents Diagnosed as Mentally Ill 42

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	51	51	47	51	42	9		64
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	51	51	47	51	42	9	0	64

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			16057	68.7%	0	0	0	0	16057	86.3%	86.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	16057	68.7%	0	0	0	0	16057	86.3%	86.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	16	4	0	0	16	4	20
60 to 64	0	0	0	0	3	1	0	0	3	1	4
65 to 74	0	0	0	0	5	0	0	0	5	0	5
75 to 84	0	0	0	0	0	2	0	0	0	2	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	29	13	0	0	29	13	42

Mulberry Manor, Inc.
612 E. Davie St., PO Box 88
Anna, IL. 62906

Classification Numbers

Facility ID	6006472	
Health Service Area	005	
Planning Service Area	181	Union
County	181	Union County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		42	0	0	0	0	42
Sheltered Care			0	0	0	0	0
TOTALS	0	42	0	0	0	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	12	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	30	0	30
Race Unknown	0	0	0	0	0
Total	0	0	42	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	42	0	42
Ethnicity Unknown	0	0	0	0	0
Total	0	0	42	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	3.50
Certified Aides	0.00
Other Health Staff	30.00
Non-Health Staff	11.50
Totals	49.00

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
0.0%	98.1%	1.3%	0.0%	0.6%	100.0%		
0	21,757,560	290,041	0	140,087	22,187,688	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Nature Trail Heatlh Care Center
1001 South 34th Street
Mt. Vernon, IL. 62864

Reference Numbers

Facility ID	6006498	
Health Service Area	005	
Planning Service Area	081	Jefferson
County	081	Jefferson County

Administrator
Tim Bledsoe

Contact Person and Telephone
Jessie Walker
618-242-5700

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 3/27/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	69
Total Admissions 2017	145
Total Discharges 2017	150
Residents on 12/31/2017	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	0
Circulatory System	14
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	74	74	76	74	64	10	19	74
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	74	74	76	74	64	10	19	74

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4153	59.9%	12483	46.2%	4343	44	2897	0	23920	88.6%	88.6%
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%
TOTALS	4153	59.9%	12483	46.2%	4343	44	2897	0	23920	88.6%	88.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	16	6	0	0	0	0	0	0	16	6	22
75 to 84	7	4	0	0	0	0	0	0	7	4	11
85+	5	16	0	0	0	0	0	0	5	16	21
TOTALS	33	31	0	0	0	0	0	0	33	31	64

Nature Trail Heatlh Care Center
1001 South 34th Street
Mt. Vernon, IL. 62864

Classification Numbers

Facility ID	6006498	
Health Service Area	005	
Planning Service Area	081	Jefferson
County	081	Jefferson County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	37	11	1	9	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	37	11	1	9	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.70
Registered Nurses	2.10
LPN's	11.20
Certified Aides	18.40
Other Health Staff	8.00
Non-Health Staff	7.30
Totals	48.70

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
44.8%	30.4%	15.7%	0.3%	8.7%	100.0%		
2,473,688	1,677,563	867,879	16,977	482,646	5,518,753	31,219	0.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

New Athens Home
203 South Johnson St.
New Athens, IL. 62264

Reference Numbers

Facility ID	6006522	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Sara Archer

Contact Person and Telephone
Sara Archer
618-475-2550

Registered Agent Information
Sara Archer
203 South Johnson St.
New Athens, IL 62264

Date Questionnaire Completed 3/26/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	38
Total Admissions 2017	39
Total Discharges 2017	36
Residents on 12/31/2017	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	8
Developmental Disability	0
Circulatory System	9
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	40

Total Residents Diagnosed as Mentally Ill 32

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	53	53	41	53	40	13	0	53
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	53	53	41	53	40	13	0	53

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	828	0.0%	6510	33.7%	0	0	6525	0	13863	71.7%	71.7%
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%
TOTALS	828	0.0%	6510	33.7%	0	0	6525	0	13863	71.7%	71.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

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

New Athens Home
203 South Johnson St.
New Athens, IL. 62264

Classification Numbers

Facility ID	6006522	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	16	0	0	20	0	40
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	16	0	0	20	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	40	0	0	0	40

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	40	0	0	0	40
Ethnicity Unknown	0	0	0	0	0
Total	40	0	0	0	40

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	4.00
Certified Aides	6.00
Other Health Staff	1.00
Non-Health Staff	11.00
Totals	27.00

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
16.4%	48.1%	0.0%	0.0%	35.6%	100.0%		
369,320	1,085,068	0	0	803,465	2,257,853	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

New Horixons of Helia Healthcare of Energy
210 E. College
Energy, IL. 62933

Reference Numbers

Facility ID	6016067	
Health Service Area	005	
Planning Service Area	199	Williamson
County	199	Williamson County

Administrator
Yolanda Fisher

Contact Person and Telephone
Yolanda Fisher
816-924-7014

Registered Agent Information
Steve Miller
1140 Lake St. Suite 410
Oak Park, IL 60301

Date Questionnaire Completed 4/11/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	6
Total Admissions 2017	0
Total Discharges 2017	1
Residents on 12/31/2017	5

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	5
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
TOTALS	5

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	48	16	5	16	5	43		48
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	48	16	5	16	5	43	0	48

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1979	11.3%	0	0	0	0	1979	11.3%	33.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1979	11.3%	0	0	0	0	1979	11.3%	33.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	0	2	0	0	0	2	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	1	4	0	0	1	4	5

New Horixons of Helia Healthcare of Energy
210 E. College
Energy, IL. 62933

Classification Numbers

Facility ID	6016067	
Health Service Area	005	
Planning Service Area	199	Williamson
County	199	Williamson County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	5	0	5

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	3.00
Certified Aides	4.00
Other Health Staff	5.00
Non-Health Staff	5.00
Totals	21.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	294,000	0	0	0	294,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

New Main Group Home
1201 Middle Road
Dixon, IL. 61021

Reference Numbers

Facility ID	6013908	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

Administrator
Connie Foster

Contact Person and Telephone
Ron Heiderscheit
815-288-6691 ext.269

Registered Agent Information
Jeffrey Stauter
500 Anchor Road
Dixon, IL 61021

Date Questionnaire Completed 4/6/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	1
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5826	99.8%	0	0	0	0	5826	99.8%	99.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5826	99.8%	0	0	0	0	5826	99.8%	99.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	4	5	0	0	4	5	9
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	2	0	0	1	2	3
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	9	0	0	6	9	15

New Main Group Home
1201 Middle Road
Dixon, IL. 61021

Classification Numbers

Facility ID	6013908	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	2	0	2

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	2.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	16.50

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%	14.8%	85.2%	0.0%	0.0%	100.0%		
0	153,456	885,372	0	0	1,038,828	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Newman Rehabilitation and Health Care Center
418 S. Memorial Park Road
Newman, IL. 61942

Reference Numbers

Facility ID	6002091	
Health Service Area	004	
Planning Service Area	041	Douglas
County	041	Douglas County

Administrator
Cynthia S. Crable

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/5/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	41
Total Admissions 2017	49
Total Discharges 2017	54
Residents on 12/31/2017	36

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	13
Mental Illness	1
Developmental Disability	2
Circulatory System	8
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	36

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	60	41	60	36	24	60	60
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	60	60	41	60	36	24	60	60

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	928	4.2%	7900	36.1%	0	8	4585	0	13421	61.3%	61.3%
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%
TOTALS	928	4.2%	7900	36.1%	0	8	4585	0	13421	61.3%	61.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	2	0	0	0	0	0	0	0	2	2
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	2	13	0	0	0	0	0	0	2	13	15
TOTALS	9	27	0	0	0	0	0	0	9	27	36

Newman Rehabilitation and Health Care Center
418 S. Memorial Park Road
Newman, IL. 61942

Classification Numbers

Facility ID	6002091	
Health Service Area	004	
Planning Service Area	041	Douglas
County	041	Douglas County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	22	0	0	13	0	36
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	22	0	0	13	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	36	0	0	0	36
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	5.00
Certified Aides	18.00
Other Health Staff	3.00
Non-Health Staff	19.00
Totals	50.00

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
8.0%	61.1%	0.0%	0.7%	30.2%	100.0%		
178,622	1,361,996	0	14,692	672,446	2,227,756	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Newton Care Center
300 S. Scott St.
Newton, IL. 62448

Reference Numbers

Facility ID	6006548	
Health Service Area	005	
Planning Service Area	079	Jasper
County	079	Jasper County

Administrator
Paula Schoonover

Contact Person and Telephone
Paula Schoonover
618-783-2309

Registered Agent Information

Date Questionnaire Completed 3/29/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	49
Total Admissions 2017	66
Total Discharges 2017	70
Residents on 12/31/2017	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	5
Developmental Disability	0
Circulatory System	6
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	2
TOTALS	45

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	57	55	53	55	45	12	57	57
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	57	55	53	55	45	12	57	57

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2719	13.1%	6230	29.9%	0	13	8309	0	17271	83.0%	86.0%
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%
TOTALS	2719	13.1%	6230	29.9%	0	13	8309	0	17271	83.0%	86.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	1	0	0	0	0	0	0	5	1	6
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	2	23	0	0	0	0	0	0	2	23	25
TOTALS	10	35	0	0	0	0	0	0	10	35	45

Newton Care Center
300 S. Scott St.
Newton, IL. 62448

Classification Numbers

Facility ID	6006548	
Health Service Area	005	
Planning Service Area	079	Jasper
County	079	Jasper County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	15	0	0	25	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	15	0	0	25	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	3.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	17.00
Totals	45.00

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
39.1%	24.3%	0.0%	0.0%	36.5%	100.0%		
1,223,317	759,777	0	0	1,142,271	3,125,365	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Niles Nursing and Rehab Center
9777 Greenwood Avenue
Niles, IL. 60714

Reference Numbers

Facility ID	6003644	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

Administrator
John Marc Sianghio

Contact Person and Telephone
John Marc Sianghio
847-967-7000

Registered Agent Information
Michelle Bush
240 Fencl Lane
Hillside, IL 60162

Date Questionnaire Completed 3/23/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	279
Total Admissions 2017	142
Total Discharges 2017	133
Residents on 12/31/2017	288

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	11
Blood Disorders	2
*Nervous System Non Alzheimer	26
Alzheimer Disease	20
Mental Illness	118
Developmental Disability	0
Circulatory System	44
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	23
Injuries and Poisonings	0
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	288

Total Residents Diagnosed as Mentally Ill 118

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	304	301	294	301	288	16	304	304
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	304	301	294	301	288	16	304	304

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	47950	43.2%	97434	87.8%	0	2105	2671	0	150160	135.3%	136.7%
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%
TOTALS	47950	43.2%	97434	87.8%	0	2105	2671	0	150160	135.3%	136.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	19	6	0	0	0	0	0	0	19	6	25
60 to 64	14	14	0	0	0	0	0	0	14	14	28
65 to 74	18	29	0	0	0	0	0	0	18	29	47
75 to 84	26	38	0	0	0	0	0	0	26	38	64
85+	25	98	0	0	0	0	0	0	25	98	123
TOTALS	103	185	0	0	0	0	0	0	103	185	288

Niles Nursing and Rehab Center
9777 Greenwood Avenue
Niles, IL. 60714

Classification Numbers

Facility ID	6003644	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	264	0	5	8	0	288
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	264	0	5	8	0	288

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	171	0	0	0	171
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	288	0	0	0	288

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	279	0	0	0	279
Ethnicity Unknown	0	0	0	0	0
Total	288	0	0	0	288

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	31.00
LPN's	23.00
Certified Aides	92.00
Other Health Staff	22.00
Non-Health Staff	97.00
Totals	269.00

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
12.9%	81.3%	0.0%	3.1%	2.6%	100.0%		
2,682,162	16,843,250	0	651,874	546,443	20,723,729	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Nokomis Rehabilitation and Health Care Center
505 Stevens
Nokomis, IL. 62075

Reference Numbers

Facility ID	6006555	
Health Service Area	003	
Planning Service Area	135	Montgomery
County	135	Montgomery County

Administrator
Jessica Ashcraft

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/5/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	44
Total Admissions 2017	55
Total Discharges 2017	57
Residents on 12/31/2017	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	3
Developmental Disability	0
Circulatory System	7
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	92	92	51	92	42	50	92	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	51	92	42	50	92	92

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1340	4.0%	10916	32.5%	0	29	4339	0	16624	49.5%	49.5%
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%
TOTALS	1340	4.0%	10916	32.5%	0	29	4339	0	16624	49.5%	49.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	3	2	5
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	4	7	0	0	0	0	0	0	4	7	11
85+	5	13	0	0	0	0	0	0	5	13	18
TOTALS	16	26	0	0	0	0	0	0	16	26	42

Nokomis Rehabilitation and Health Care Center
505 Stevens
Nokomis, IL. 62075

Classification Numbers

Facility ID	6006555	
Health Service Area	003	
Planning Service Area	135	Montgomery
County	135	Montgomery County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	29	0	0	11	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	29	0	0	11	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.50
Certified Aides	19.50
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	32.00

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
10.9%	60.2%	0.0%	2.6%	26.3%	100.0%		
236,289	1,309,355	0	57,298	571,181	2,174,123	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Norridge Gardens
7001 W Cullom
Norridge, IL. 60706

Reference Numbers

Facility ID	6006571	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Norwood Park Township

Administrator
Shully Lichtman

Contact Person and Telephone
Shully Lichtman
708-457-0700 ext 204

Registered Agent Information
Abraham Gutnicki
4711 Golf Road
Skokie, IL 60076

Date Questionnaire Completed 2/27/2018

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	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	259
Total Admissions 2017	414
Total Discharges 2017	419
Residents on 12/31/2017	254

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	59
Blood Disorders	1
*Nervous System Non Alzheimer	29
Alzheimer Disease	63
Mental Illness	6
Developmental Disability	14
Circulatory System	2
Respiratory System	4
Digestive System	37
Genitourinary System Disorders	0
Skin Disorders	4
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	227

Total Residents Diagnosed as Mentally Ill 66

Total Residents Reported as Identified Offenders 7

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	292	292	267	292	254	38	292	292
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	292	292	267	292	254	38	292	292

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	16234	15.2%	53981	50.6%	0	1811	20129	0	92155	86.5%	86.5%
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%
TOTALS	16234	15.2%	53981	50.6%	0	1811	20129	0	92155	86.5%	86.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	6	6	0	0	0	0	0	0	6	6	12
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	28	17	0	0	0	0	0	0	28	17	45
75 to 84	32	49	0	0	0	0	0	0	32	49	81
85+	21	90	0	0	0	0	0	0	21	90	111
TOTALS	89	165	0	0	0	0	0	0	89	165	254

Norridge Gardens
7001 W Cullom
Norridge, IL. 60706

Classification Numbers

Facility ID	6006571	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Norwood Park Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	44	150	0	3	57	0	254
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	44	150	0	3	57	0	254

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	2	0	0	0	2
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	1	0	0	0	1
White	232	0	0	0	232
Race Unknown	0	0	0	0	0
Total	254	0	0	0	254

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	36	0	0	0	36
Non-Hispanic	218	0	0	0	218
Ethnicity Unknown	0	0	0	0	0
Total	254	0	0	0	254

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	26.00
Certified Aides	108.00
Other Health Staff	13.00
Non-Health Staff	43.00
Totals	223.00

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
40.7%	43.1%	0.0%	4.0%	12.3%	100.0%		
10,403,950	11,004,272	0	1,014,622	3,138,062	25,560,906	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

North Adams Home, Inc.
2259 E. 1100th Street
Mendon, IL. 62351

Reference Numbers

Facility ID	6006589	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

Administrator
Deborah S. Hull

Contact Person and Telephone
Deborah S. Hull
217-936-2137

Registered Agent Information
Deborah S. Hull
2259 E. 1100th Street
Mendon, IL 62351

Date Questionnaire Completed 3/12/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	56
Total Admissions 2017	54
Total Discharges 2017	50
Residents on 12/31/2017	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	13
Circulatory System	12
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	92	80	60	80	60	32	92	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	80	60	80	60	32	92	92

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1817	5.4%	11278	33.6%	0	0	7396	0	20491	61.0%	70.2%
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%
TOTALS	1817	5.4%	11278	33.6%	0	0	7396	0	20491	61.0%	70.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	6	20	0	0	0	0	0	0	6	20	26
TOTALS	20	40	0	0	0	0	0	0	20	40	60

North Adams Home, Inc.
2259 E. 1100th Street
Mendon, IL. 62351

Classification Numbers

Facility ID	6006589	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	36	0	0	19	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	36	0	0	19	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.28
LPN's	8.53
Certified Aides	18.05
Other Health Staff	1.00
Non-Health Staff	27.58
Totals	66.44

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
24.5%	37.2%	0.0%	0.0%	38.3%	100.0%		
868,374	1,322,009	0	0	1,359,882	3,550,265	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

North Aurora Care Center
310 Banbury Road
North Aurora, IL. 60542

Reference Numbers

Facility ID	6006605	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Lisa Hardaman

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/9/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	110
Total Admissions 2017	26
Total Discharges 2017	37
Residents on 12/31/2017	99

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	97
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	2
Non-Medical Conditions	0
TOTALS	99

Total Residents Diagnosed as Mentally Ill 98

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	129	129	117	129	99	30	0	129
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	129	129	117	129	99	30	0	129

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	38953	82.7%	0	0	482	0	39435	83.8%	83.8%
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%
TOTALS	0	0.0%	38953	82.7%	0	0	482	0	39435	83.8%	83.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	11	3	0	0	0	0	0	0	11	3	14
45 to 59	23	14	0	0	0	0	0	0	23	14	37
60 to 64	10	13	0	0	0	0	0	0	10	13	23
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	53	46	0	0	0	0	0	0	53	46	99

North Aurora Care Center
310 Banbury Road
North Aurora, IL. 60542

Classification Numbers

Facility ID	6006605	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	96	0	0	3	0	99
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	96	0	0	3	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	12	0	0	0	12
Total	99	0	0	0	99

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	87	0	0	0	87
Total	99	0	0	0	99

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	12.00
Certified Aides	27.00
Other Health Staff	2.00
Non-Health Staff	33.00
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
7.5%	65.1%	0.0%	1.6%	25.8%	100.0%		
196,824	1,711,106	0	41,663	679,614	2,629,207	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

North Logan Health Care Center
801 N Logan Ave
Danville, IL. 61832

Reference Numbers

Facility ID	6000210	
Health Service Area	004	
Planning Service Area	183	Vermilion
County	183	Vermilion County

Administrator
Darci Dreher

Contact Person and Telephone
Darci Dreher
217-443-3106

Registered Agent Information

Date Questionnaire Completed 4/10/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	92
Total Admissions 2017	256
Total Discharges 2017	268
Residents on 12/31/2017	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	8
Developmental Disability	0
Circulatory System	17
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	80

Total Residents Diagnosed as Mentally Ill 47

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	108	0	0	97	80	28	108	108
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	108	0	0	97	80	28	108	108

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3668	9.3%	16463	41.8%	0	0	11293	0	31424	79.7%	0.0%
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%
TOTALS	3668	9.3%	16463	41.8%	0	0	11293	0	31424	79.7%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	5	13	0	0	0	0	0	0	5	13	18
85+	15	33	0	0	0	0	0	0	15	33	48
TOTALS	27	53	0	0	0	0	0	0	27	53	80

North Logan Health Care Center
801 N Logan Ave
Danville, IL. 61832

Classification Numbers

Facility ID	6000210	
Health Service Area	004	
Planning Service Area	183	Vermilion
County	183	Vermilion County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	37	0	0	35	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	37	0	0	35	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	1	0	0	0	1
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	9.00
Certified Aides	34.00
Other Health Staff	0.00
Non-Health Staff	27.00
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
26.4%	45.8%	5.4%	1.9%	20.5%	100.0%		
1,481,821	2,572,414	301,960	105,616	1,150,126	5,611,937	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Northwoods Care Centre
2250 Pearl St
Belvidere, IL. 61008

Reference Numbers

Facility ID	6006670	
Health Service Area	001	
Planning Service Area	007	Boone
County	007	Boone County

Administrator
Carrie Jessen

Contact Person and Telephone
Carrie Jessen
815-544-0358

Registered Agent Information
Illinois Corporation Services Company
801 Aldai Dr
Springfield, IL 62703

Date Questionnaire Completed 3/28/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	96
Total Admissions 2017	266
Total Discharges 2017	268
Residents on 12/31/2017	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	3
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	94

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	113	109	109	109	94	19	113	113
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	113	109	109	109	94	19	113	113

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	321	0.8%	1184	2.9%	0	69	468	0	2042	5.0%	5.1%
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%
TOTALS	321	0.8%	1184	2.9%	0	69	468	0	2042	5.0%	5.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	13	23	0	0	0	0	0	0	13	23	36
85+	7	40	0	0	0	0	0	0	7	40	47
TOTALS	25	69	0	0	0	0	0	0	25	69	94

Northwoods Care Centre
2250 Pearl St
Belvidere, IL. 61008

Classification Numbers

Facility ID	6006670	
Health Service Area	001	
Planning Service Area	007	Boone
County	007	Boone County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	62	0	3	19	0	94
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	62	0	3	19	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	1	0	0	0	1
Race Unknown	0	0	0	0	0
Total	2	0	0	0	2

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	1	0	0	0	1
Ethnicity Unknown	0	0	0	0	0
Total	2	0	0	0	2

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	8.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	63.00

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
34.9%	45.7%	0.0%	8.6%	10.8%	100.0%		
3,016,675	3,951,793	0	742,972	935,046	8,646,486	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Norwood Crossing
6016-20 N. Nina Ave
Chicago , IL. 60631

Reference Numbers

Facility ID	6006696	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 10 - Norwood Park

Administrator
Catherine Kottl

Contact Person and Telephone
Silvia Morici
773-577-5327

Registered Agent Information
Michael Toohey
6016-20 N. Nina Ave.
Chicago, IL 60631

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	169
Total Admissions 2017	233
Total Discharges 2017	230
Residents on 12/31/2017	172

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	9
Blood Disorders	2
*Nervous System Non Alzheimer	19
Alzheimer Disease	9
Mental Illness	28
Developmental Disability	0
Circulatory System	47
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	35
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	172

Total Residents Diagnosed as Mentally Ill 28

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	131	131	127	131	108	23	131	88
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	130	67	64	67	64	66		
TOTAL BEDS	261	198	191	198	172	89	131	88

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10108	21.1%	17792	55.4%	0	551	12559	277	41287	86.3%	86.3%
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					10316	823	10389	11	21539	45.4%	88.1%
TOTALS	10108	21.1%	17792	55.4%	10316	1374	22948	288	62826	65.9%	86.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	6	6	0	0	0	0	1	8	7	14	21
75 to 84	5	23	0	0	0	0	9	10	14	33	47
85+	14	53	0	0	0	0	6	29	20	82	102
TOTALS	26	82	0	0	0	0	17	47	43	129	172

Norwood Crossing
6016-20 N. Nina Ave
Chicago , IL. 60631

Classification Numbers

Facility ID	6006696	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 10 - Norwood Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	51	0	0	34	0	108
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	35	0	35
TOTALS	23	51	0	0	69	0	143

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	3	0	0	4	7
Hawaiian/Pacific Isl.	0	0	0	1	1
White	103	0	0	59	162
Race Unknown	0	0	0	0	0
Total	108	0	0	64	172

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	3	9
Non-Hispanic	102	0	0	61	163
Ethnicity Unknown	0	0	0	0	0
Total	108	0	0	64	172

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	46.00
LPN's	4.00
Certified Aides	82.00
Other Health Staff	26.00
Non-Health Staff	126.00
Totals	287.00

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
36.0%	19.0%	3.7%	1.6%	39.7%	100.0%		
5,540,989	2,926,169	576,255	244,535	6,116,551	15,404,499	114,111	0.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Oak Brook Healthcare Centre
2013 Midwest Road
Oak Brook, IL. 60523

Reference Numbers

Facility ID	6006720	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	York Township

Administrator
Jina Lebert-Davies

Contact Person and Telephone
Jina Lebert-Davies
630-495-0220

Registered Agent Information
Laurence Zung
5061 N Pulaski
Chicago, IL 60630

Date Questionnaire Completed 4/16/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	105
Total Admissions 2017	882
Total Discharges 2017	890
Residents on 12/31/2017	97

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	10
Digestive System	6
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	26
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	97

Total Residents Diagnosed as Mentally Ill 71

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	156	114	111	114	97	59	156	41
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	156	114	111	114	97	59	156	41

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14154	24.9%	9134	61.0%	0	2951	9854	0	36093	63.4%	86.7%
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%
TOTALS	14154	24.9%	9134	61.0%	0	2951	9854	0	36093	63.4%	86.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	9	0	0	0	0	0	0	3	9	12
75 to 84	9	22	0	0	0	0	0	0	9	22	31
85+	13	40	0	0	0	0	0	0	13	40	53
TOTALS	26	71	0	0	0	0	0	0	26	71	97

Oak Brook Healthcare Centre
2013 Midwest Road
Oak Brook, IL. 60523

Classification Numbers

Facility ID	6006720	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	York Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	37	22	0	8	30	0	97
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	37	22	0	8	30	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	92	0	0		
Race Unknown	0	0	0	0	0
Total	97	0	0		

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.50
LPN's	10.50
Certified Aides	45.00
Other Health Staff	10.50
Non-Health Staff	57.50
Totals	153.00

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
60.4%	11.3%	0.0%	9.3%	19.1%	100.0%		
8,445,896	1,576,602	0	1,295,320	2,672,400	13,990,218	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/21/2016 Added 2 Nursing Care beds to existing facility. Facility is now authorized for 156 Nursing Care beds.

Oak Hill
623 Hamacher St.
Waterloo, IL. 62298

Reference Numbers

Facility ID	6006274	
Health Service Area	011	
Planning Service Area	133	Monroe
County	133	Monroe County

Administrator
Kim Keckritz

Contact Person and Telephone
Christine Brinkmann
618-939-3488 x 1121

Registered Agent Information

Date Questionnaire Completed 4/13/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	118
Total Admissions 2017	226
Total Discharges 2017	207
Residents on 12/31/2017	137

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	26
Alzheimer Disease	0
Mental Illness	47
Developmental Disability	1
Circulatory System	11
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	8
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	137

Total Residents Diagnosed as Mentally Ill 47

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	144	144	138	144	137	7	0	0
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	144	144	138	144	137	7	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3632	0.0%	13606	0.0%	0	0	27661	0	44899	85.4%	85.4%
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%
TOTALS	3632	0.0%	13606	0.0%	0	0	27661	0	44899	85.4%	85.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	7	0	0	0	0	0	0	1	7	8
75 to 84	7	27	0	0	0	0	0	0	7	27	34
85+	18	75	0	0	0	0	0	0	18	75	93
TOTALS	27	110	0	0	0	0	0	0	27	110	137

Oak Hill
623 Hamacher St.
Waterloo, IL. 62298

Classification Numbers

Facility ID	6006274	
Health Service Area	011	
Planning Service Area	133	Monroe
County	133	Monroe County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	34	0	0	87	0	137
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	34	0	0	87	0	137

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	137	0	0	0	137
Race Unknown	0	0	0	0	0
Total	137	0	0	0	137

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	137	0	0	0	137
Ethnicity Unknown	0	0	0	0	0
Total	137	0	0	0	137

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.60
LPN's	20.30
Certified Aides	57.10
Other Health Staff	0.00
Non-Health Staff	66.50
Totals	163.50

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
18.4%	24.8%	0.0%	1.9%	54.9%	100.0%		
1,793,729	2,407,012	0	189,172	5,334,927	9,724,840	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Oak Lawn Respiratory and Rehabilitation
9525 S. Mayfield
Oak Lawn, IL. 60453

Reference Numbers

Facility ID	6006779	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

Administrator
Valerie Perkovic

Contact Person and Telephone
Valerie Perkovic
708-636-7000

Registered Agent Information
Michele Bush
240 Fencl Lane
Hillside, IL 60162

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	75
Total Admissions 2017	126
Total Discharges 2017	125
Residents on 12/31/2017	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	28
Digestive System	6
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	76

Total Residents Diagnosed as Mentally Ill 43

Total Residents Reported as Identified Offenders 12

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	143	110	90	110	76	67	54	143
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	143	110	90	110	76	67	54	143

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1481	7.5%	26430	50.6%	0	3436	384	0	31731	60.8%	79.0%
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%
TOTALS	1481	7.5%	26430	50.6%	0	3436	384	0	31731	60.8%	79.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	8	3	0	0	0	0	0	0	8	3	11
45 to 59	12	10	0	0	0	0	0	0	12	10	22
60 to 64	7	8	0	0	0	0	0	0	7	8	15
65 to 74	11	7	0	0	0	0	0	0	11	7	18
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	0	3	0	0	0	0	0	0	0	3	3
TOTALS	41	35	0	0	0	0	0	0	41	35	76

Oak Lawn Respiratory and Rehabilitation
9525 S. Mayfield
Oak Lawn, IL. 60453

Classification Numbers

Facility ID	6006779	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	64	0	9	1	0	76
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	64	0	9	1	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	53	0	0	0	53
Hawaiian/Pacific Isl.	0	0	0	0	0
White	23	0	0	0	23
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	0	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	4.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	21.00
Certified Aides	42.00
Other Health Staff	13.00
Non-Health Staff	33.00
Totals	122.00

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
17.4%	76.0%	0.0%	5.7%	0.9%	100.0%		
1,507,680	6,597,606	0	494,765	77,395	8,677,446	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Oak Trace
250 Village Drive
Downers Grove, IL. 60516

Reference Numbers

Facility ID	6003032	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Downers Grove Township

Administrator
Michelle Hart-Carlson

Contact Person and Telephone
Michelle Hart-Carlson
630-769-6201

Registered Agent Information
CT Corporation System
118 West Edwards Street, #200
Springfield, IL 62704

Date Questionnaire Completed 3/29/2018

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	146
Total Admissions 2017	346
Total Discharges 2017	369
Residents on 12/31/2017	123

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	7
Mental Illness	15
Developmental Disability	0
Circulatory System	41
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	15
Injuries and Poisonings	7
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	123

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	160	125	109	125	88	72	39	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	72	59	51	59	35	37		
TOTAL BEDS	232	184	160	184	123	109	39	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7895	55.5%	0	0.0%	0	1369	24326	2158	35748	61.2%	78.4%
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	15358	365	15723	59.8%	73.0%
TOTALS	7895	55.5%	0	0.0%	0	1369	39684	2523	51471	60.8%	76.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	3	0	0	0	0	0	2	3	5	8
75 to 84	7	19	0	0	0	0	1	7	8	26	34
85+	11	44	0	0	0	0	4	21	15	65	80
TOTALS	22	66	0	0	0	0	5	30	27	96	123

Oak Trace
250 Village Drive
Downers Grove, IL. 60516

Classification Numbers

Facility ID	6003032	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Downers Grove Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	0	0	1	57	5	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	31	4	35
TOTALS	25	0	0	1	88	9	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	1	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	88	0	0	34	122
Race Unknown	0	0	0	0	0
Total	88	0	0	35	123

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	86	0	0	35	121
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	35	123

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.79
LPN's	8.55
Certified Aides	46.36
Other Health Staff	15.37
Non-Health Staff	117.62
Totals	208.69

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
30.5%	0.0%	0.0%	3.7%	65.8%	100.0%		
4,244,038	0	0	521,352	9,170,618	13,936,008	498,935	3.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAKRIDGE HEALTHCARE CENTER
323 OAKRIDGE AVENUE
Hillside, IL. 60162

Reference Numbers

Facility ID	6006829	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Proviso Township

Administrator
Helen Lacek

Contact Person and Telephone
Lisa Boivin
708-547-6595

Registered Agent Information

Date Questionnaire Completed 6/1/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	57
Total Admissions 2017	88
Total Discharges 2017	89
Residents on 12/31/2017	56

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	34
Mental Illness	0
Developmental Disability	8
Circulatory System	0
Respiratory System	0
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	56

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	73	73	62	73	56	17	18	73
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	73	73	62	73	56	17	18	73

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1595	24.3%	15403	57.8%	1908	0	3161	0	22067	82.8%	82.8%
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%
TOTALS	1595	24.3%	15403	57.8%	1908	0	3161	0	22067	82.8%	82.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	10	7	0	0	0	0	0	0	10	7	17
75 to 84	9	13	0	0	0	0	0	0	9	13	22
85+	4	5	0	0	0	0	0	0	4	5	9
TOTALS	29	27	0	0	0	0	0	0	29	27	56

OAKRIDGE HEALTHCARE CENTER
323 OAKRIDGE AVENUE
Hillside, IL. 60162

Classification Numbers

Facility ID	6006829	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Proviso Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	42	6	0	5	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	42	6	0	5	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	19	0	0	0	19
Hawaiian/Pacific Isl.	0	0	0	0	0
White	29	0	0	0	29
Race Unknown	8	0	0	0	8
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	7.00
Certified Aides	33.00
Other Health Staff	3.00
Non-Health Staff	18.00
Totals	68.00

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
22.3%	57.1%	8.8%	0.0%	11.8%	100.0%		
899,735	2,308,207	354,061	0	477,650	4,039,653	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Oakview
2311 Veterans Drive
Effingham, IL. 62401

Reference Numbers

Facility ID	6016109	
Health Service Area	005	
Planning Service Area	049	Effingham
County	049	Effingham County

Administrator
Barbara Rodgers

Contact Person and Telephone
Debra Parmenter
217-705-4432

Registered Agent Information
Debra Parmenter
618 West Main
Teutopolis, IL 62467

Date Questionnaire Completed 3/6/2018

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	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			16	0.3%	0	0	0	0	16	0.3%	0.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	16	0.3%	0	0	0	0	16	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	3	0	0	5	3	8
45 to 59	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	10	6	0	0	10	6	16

Oakview
2311 Veterans Drive
Effingham, IL. 62401

Classification Numbers

Facility ID	6016109	
Health Service Area	005	
Planning Service Area	049	Effingham
County	049	Effingham County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.65
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.40
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.23
Totals	12.28

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	488,411	0	0	0	488,411	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Oakview Heights Continuous Care & Rehab. Cente
1320 W 9th St.
Mount Carmel, IL. 62863

Reference Numbers

Facility ID	6003487	
Health Service Area	005	
Planning Service Area	047	Edwards/Wabash
County	185	Wabash County

Administrator
Matthew Militoni

Contact Person and Telephone
Matthew Militoni
618-263-4337

Registered Agent Information
Matthew Militoni
1320 W 9th St.
Mount Carmel, IL 62863

Date Questionnaire Completed 4/16/2018

Life Care Facility

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	78
Total Admissions 2017	111
Total Discharges 2017	111
Residents on 12/31/2017	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	1
Circulatory System	16
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	78

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	9	90	90	78	12	90	75
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	90	9	90	90	78	12	90	75

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4619	14.1%	18319	66.9%	0		8826	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%
TOTALS	4619	14.1%	18319	66.9%	0		8826	0		0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	2		0	0	0	0	0	0	2		
65 to 74	2	10	0	0	0	0	0	0	2	10	12
75 to 84	9	16	0	0	0	0	0	0	9	16	25
85+	7	12	0	0	0	0	0	0	7	12	19
TOTALS	20		0	0	0	0	0	0	20		

Oakview Heights Continuous Care & Rehab. Cente
1320 W 9th St.
Mount Carmel, IL. 62863

Classification Numbers

Facility ID	6003487	
Health Service Area	005	
Planning Service Area	047	Edwards/Wabash
County	185	Wabash County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	34	0	0	34	0	78
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	34	0	0	34	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	6.00
Certified Aides	34.00
Other Health Staff	3.00
Non-Health Staff	23.00
Totals	77.00

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%	27.7%	3.7%	0.2%	31.8%	100.0%		
1,955,032	1,475,464	200,058	9,040	1,695,979	5,335,573	4,447,183	83.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Oakwood Estate
2213 Veterans Road
Morton, IL. 61550

Reference Numbers

Facility ID	6011522	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Crystal Streitmatter

Contact Person and Telephone
Matthew D. Steffen
309-266-9781

Registered Agent Information
Crystal Streitmatter - Apostolic Christian
2125 Veterans Road
Morton, IL 61550

Date Questionnaire Completed 4/10/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	2
Total Discharges 2017	2
Residents on 12/31/2017	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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
TOTALS	12

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	12	12	12	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	12	12	12	12	4	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			12	0.2%	0	0	0	0	12	0.2%	0.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	12	0.2%	0	0	0	0	12	0.2%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	3	0	0	4	3	7
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	6	6	0	0	6	6	12

Oakwood Estate
2213 Veterans Road
Morton, IL. 61550

Classification Numbers

Facility ID	6011522	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.25
Registered Nurses	2.50
LPN's	0.00
Certified Aides	40.11
Other Health Staff	1.00
Non-Health Staff	2.31
Totals	46.42

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
0.0%	84.6%	0.0%	0.0%	15.4%	100.0%		
0	560,700	0	0	102,152	662,852	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Odd Fellow-Rebekah Home
201 Lafayette Ave E
Mattoon, IL. 61938

Reference Numbers

Facility ID	6006860	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland
County	029	Coles County

Administrator
David Standerfer

Contact Person and Telephone
Rabecca Howard
309-828-4361

Registered Agent Information
Benjamin Hart
115 W. Jefferson Street, Suite 401
Bloomington, IL 61702

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	112
Total Admissions 2017	224
Total Discharges 2017	231
Residents on 12/31/2017	105

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	13
Mental Illness	36
Developmental Disability	0
Circulatory System	13
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	16
Injuries and Poisonings	5
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	105

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	162	138	138	138	105	57	162	162
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	162	138	138	138	105	57	162	162

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4609	7.8%	23710	40.1%	0	0	13354	0	41673	70.5%	82.7%
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%
TOTALS	4609	7.8%	23710	40.1%	0	0	13354	0	41673	70.5%	82.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	4	19	0	0	0	0	0	0	4	19	23
85+	12	61	0	0	0	0	0	0	12	61	73
TOTALS	19	86	0	0	0	0	0	0	19	86	105

Odd Fellow-Rebekah Home
201 Lafayette Ave E
Mattoon, IL. 61938

Classification Numbers

Facility ID	6006860	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland
County	029	Coles County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	57	0	0	39	0	105
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	57	0	0	39	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	104	0	0	0	104
Race Unknown	0	0	0	0	0
Total	105	0	0	0	105

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	105	0	0	0	105
Ethnicity Unknown	0	0	0	0	0
Total	105	0	0	0	105

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	12.00
Certified Aides	38.00
Other Health Staff	7.00
Non-Health Staff	40.00
Totals	114.00

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
28.9%	36.2%	0.0%	0.0%	34.9%	100.0%		
2,476,707	3,098,513	0	0	2,993,017	8,568,237	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Odin Healthcare Center
300 Green St.
Odin, IL. 62870

Reference Numbers

Facility ID	6006878	
Health Service Area	005	
Planning Service Area	121	Marion
County	121	Marion County

Administrator
Morgan Mulvany

Contact Person and Telephone
Morgan Mulvany
618-775-6444

Registered Agent Information

Date Questionnaire Completed 4/13/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	91
Total Admissions 2017	168
Total Discharges 2017	173
Residents on 12/31/2017	86

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	8
Mental Illness	14
Developmental Disability	0
Circulatory System	10
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	4
TOTALS	86

Total Residents Diagnosed as Mentally Ill 14

Total Residents Reported as Identified Offenders 7

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	0	0	99	86	13	33	99
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	99	0	0	99	86	13	33	99

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6031	50.1%	22612	62.6%	233	480	3725	0	33081	91.5%	0.0%
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%
TOTALS	6031	50.1%	22612	62.6%	233	480	3725	0	33081	91.5%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	3	0	0	0	0	0	0	3	3	6
65 to 74	4	11	0	0	0	0	0	0	4	11	15
75 to 84	9	16	0	0	0	0	0	0	9	16	25
85+	7	30	0	0	0	0	0	0	7	30	37
TOTALS	25	61	0	0	0	0	0	0	25	61	86

Odin Healthcare Center
300 Green St.
Odin, IL. 62870

Classification Numbers

Facility ID	6006878	
Health Service Area	005	
Planning Service Area	121	Marion
County	121	Marion County

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	60	0	0	16	0	86
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	60	0	0	16	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.70
LPN's	7.40
Certified Aides	43.40
Other Health Staff	19.20
Non-Health Staff	7.00
Totals	83.70

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
44.5%	44.8%	0.4%	2.8%	7.4%	100.0%		
3,088,398	3,105,542	30,808	195,802	515,392	6,935,942	10,326	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

O'Donnell House
6300 N. Ridge Ave.
Chicago, IL. 60660

Reference Numbers

Facility ID	6010300	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Kristin Nichols

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Date Questionnaire Completed 3/28/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	2
Total Discharges 2017	2
Residents on 12/31/2017	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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
TOTALS	12

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4279	97.7%	0	0	0	0	4279	97.7%	97.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4279	97.7%	0	0	0	0	4279	97.7%	97.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	5	0	0	0	5	5
45 to 59	0	0	0	0	0	7	0	0	0	7	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	0	12	0	0	0	12	12

O'Donnell House
6300 N. Ridge Ave.
Chicago, IL. 60660

Classification Numbers

Facility ID	6010300	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.22
Physicians	0.09
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	9.16
Other Health Staff	3.40
Non-Health Staff	0.23
Totals	13.21

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%	85.5%	0.0%	0.0%	14.5%	100.0%		
0	635,244	0	0	107,670	742,914	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Olson Terrace
3006 Alida St.
Rockford, IL. 61101

Reference Numbers

Facility ID	6010839	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Billie Callahan

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	2
Total Discharges 2017	1
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5838	######	0	0	0	0	5838	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5838	######	0	0	0	0	5838	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	2	4	0	0	2	4	6
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	2	1	0	0	2	1	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
TOTALS	0	0	0	0	6	10	0	0	6	10	16

Olson Terrace
3006 Alida St.
Rockford, IL. 61101

Classification Numbers

Facility ID	6010839	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	75.8%	1.6%	0.0%	22.6%	100.0%		
0	521,517	10,708	0	155,846	688,071	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OREGON LIVING & REHAB
811 S. 10TH ST.
Oregon, IL. 61061-2129

Reference Numbers

Facility ID	6009989	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

Administrator
RAE FARSTER

Contact Person and Telephone
REBECCA FRIEDMAN
847-982-2300

Registered Agent Information
MR. SHELDON WOLFE
7434 N. SKOKIE BLVD.
Skokie, IL 60077

Date Questionnaire Completed 4/16/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	68
Total Admissions 2017	59
Total Discharges 2017	65
Residents on 12/31/2017	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	58
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	104	104	69	104	62	42	20	104
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	104	104	69	104	62	42	20	104

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1258	17.2%	16352	43.1%	0	0	4409	0	22019	58.0%	58.0%
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%
TOTALS	1258	17.2%	16352	43.1%	0	0	4409	0	22019	58.0%	58.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	2	0	0	0	0	0	0	4	2	6
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	2	23	0	0	0	0	0	0	2	23	25
TOTALS	18	44	0	0	0	0	0	0	18	44	62

OREGON LIVING & REHAB
811 S. 10TH ST.
Oregon, IL. 61061-2129

Classification Numbers

Facility ID	6009989	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	49	0	0	8	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	49	0	0	8	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	62	0	0	0	62
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	8.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	49.00
Totals	76.00

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
18.8%	60.2%	0.0%	0.0%	21.0%	100.0%		
693,405	2,223,850	0	0	774,544	3,691,799	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OSF Healthcare St. Jospeh Medical Center
2200 East Washington St
Bloomington, IL. 61701

Reference Numbers

Facility ID	6011407	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Lynn Fulton

Contact Person and Telephone
Kyle Scheuer
309-662-3311 x3070

Registered Agent Information
St. Joseph Medical Center
2200 East Washington St
Bloomington, IL 61701

Date Questionnaire Completed 4/12/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	7
Total Admissions 2017	195
Total Discharges 2017	199
Residents on 12/31/2017	3

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer 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	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	3

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	12	12	9	12	3	9	12	12
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	12	12	9	12	3	9	12	12

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1363	31.1%	171	3.9%	0	172	0	0	1706	38.9%	38.9%
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%
TOTALS	1363	31.1%	171	3.9%	0	172	0	0	1706	38.9%	38.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
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+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	2	1	0	0	0	0	0	0	2	1	3

OSF Healthcare St. Jospeh Medical Center
2200 East Washington St
Bloomington, IL. 61701

Classification Numbers

Facility ID	6011407	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	1	0	0	0	0	3
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	1	0	0	0	0	3

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	2	0	0	0	2
Race Unknown	0	0	0	0	0
Total	3	0	0	0	3

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	3	0	0	0	3
Ethnicity Unknown	0	0	0	0	0
Total	3	0	0	0	3

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.05
Director of Nursing	0.50
Registered Nurses	4.50
LPN's	0.90
Certified Aides	3.00
Other Health Staff	0.90
Non-Health Staff	0.60
Totals	10.45

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OSF St. Clare's Hospital
915 E. 5th Street
Alton, IL. 62002

Reference Numbers

Facility ID	6012728	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Ajay Pathak

Contact Person and Telephone
Sister M. Anselma Belongea
618-474-6107

Registered Agent Information
Sister Theresa Ann Brazeau
1175 St. Francis Lane
East Peoria, IL 61611

Date Questionnaire Completed 4/9/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	124
Total Discharges 2017	140
Residents on 12/31/2017	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer 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
TOTALS	0

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	30	19	0	0	0	24	24
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	0	30	19	0	0	0	24	24

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2030	23.2%	16	0.2%	0	33	335	0	2414	0.0%	22.0%
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%
TOTALS	2030	23.2%	16	0.2%	0	33	335	0	2414	#Div/0!	22.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	0	0	0	0	0	0	0

OSF St. Clare's Hospital
915 E. 5th Street
Alton, IL. 62002

Classification Numbers

Facility ID	6012728	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	0	0	0

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	0.00

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
93.5%	0.4%	0.0%	2.0%	4.2%	100.0%		
1,639,775	6,820	0	34,486	73,556	1,754,637	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Ottawa Group Home
726 N. Ottawa Ave.
Dixon, IL. 61021

Reference Numbers

Facility ID	6013916	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

Administrator
Patricia Howard

Contact Person and Telephone
Patricia Howard
815-288-6691 Ext.223

Registered Agent Information
Jeffrey Stauter
500 Anchor Road
Dixon, IL 61021

Date Questionnaire Completed 3/19/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	6
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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
TOTALS	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			6	0.3%	0	0	0	0	6	0.3%	0.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	6	0.3%	0	0	0	0	6	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	0	0	0	3	0	3
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	6	0	0	0	6	0	6

Ottawa Group Home
726 N. Ottawa Ave.
Dixon, IL. 61021

Classification Numbers

Facility ID	6013916	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	6	0	6
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	6.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	8.75

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
0.0%	7.4%	92.5%	0.0%	0.1%	100.0%		
0	29,904	371,763	0	227	401,894	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Ottawa Pavilion
704 E Glover
Ottawa, IL. 61350

Reference Numbers

Facility ID	6006985	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

Administrator
Jon M. Ragsdale

Contact Person and Telephone
Jon M. Ragsdale
815-431-4900

Registered Agent Information
Abraham Stern
191 N Wacker Drive
Chicago, IL 60606

Date Questionnaire Completed 4/6/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	116
Total Admissions 2017	293
Total Discharges 2017	288
Residents on 12/31/2017	121

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	38
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	20
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	121

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	135	135	127	135	121	14	135	95
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	135	135	127	135	121	14	135	95

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6231	12.6%	15962	46.0%	0	262	20277	0	42732	86.7%	86.7%
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%
TOTALS	6231	12.6%	15962	46.0%	0	262	20277	0	42732	86.7%	86.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	9	0	0	0	0	0	0	2	9	11
75 to 84	10	20	0	0	0	0	0	0	10	20	30
85+	12	66	0	0	0	0	0	0	12	66	78
TOTALS	24	97	0	0	0	0	0	0	24	97	121

Ottawa Pavilion
704 E Glover
Ottawa, IL. 61350

Classification Numbers

Facility ID	6006985	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	44	0	0	54	0	121
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	44	0	0	54	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	121	0	0	0	121
Total	121	0	0	0	121

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	120	0	0	0	120
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	10.00
Certified Aides	40.00
Other Health Staff	17.00
Non-Health Staff	35.00
Totals	109.00

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
37.4%	25.0%	4.4%	0.5%	32.7%	100.0%		
3,819,712	2,552,515	446,866	54,345	3,335,141	10,208,579	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Our Lady of Angels Retirement Home
1201 Wyoming Ave.
Joliet, IL. 60435

Reference Numbers

Facility ID	6006993	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
George Block

Contact Person and Telephone
Diane Simon
815-725-6631

Registered Agent Information
Mike Wojtak
2801 Black Road, Second Floor
Joliet, IL 60435

Date Questionnaire Completed 4/16/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	125
Total Admissions 2017	182
Total Discharges 2017	198
Residents on 12/31/2017	109

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	16
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	7
Mental Illness	18
Developmental Disability	0
Circulatory System	50
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	3
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	109

Total Residents Diagnosed as Mentally Ill 36

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	87	87	80	87	74	13	37	40
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	50	50	45	50	35	15		
TOTAL BEDS	137	137	125	137	109	28	37	40

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10	0.1%	28	0.2%	0	0	36	0	74	0.2%	0.2%
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	35	0	35	0.2%	0.2%
TOTALS	10	0.1%	28	0.2%	0	0	71	0	109	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	3	0	3	3
75 to 84	3	14	0	0	0	0	2	8	5	22	27
85+	8	49	0	0	0	0	2	20	10	69	79
TOTALS	11	63	0	0	0	0	4	31	15	94	109

Our Lady of Angels Retirement Home
1201 Wyoming Ave.
Joliet, IL. 60435

Classification Numbers

Facility ID	6006993	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

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	28	0	0	36	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	35	0	35
TOTALS	10	28	0	0	71	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	35	109
Race Unknown	0	0	0	0	0
Total	74	0	0	35	109

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	74	0	0	35	109
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	35	109

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	12.00
Certified Aides	40.00
Other Health Staff	16.00
Non-Health Staff	45.00
Totals	129.00

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
20.4%	17.3%	0.0%	0.0%	62.3%	100.0%		
1,896,281	1,609,538	0	0	5,794,036	9,299,855	29,200	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PA Peterson at the Citadel
1311 Parkview Ave
Rockford , IL. 61107

Reference Numbers

Facility ID	6007041	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Travas Tucker

Contact Person and Telephone
Travas Tucker
815-399-8832

Registered Agent Information

Date Questionnaire Completed 4/16/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	
Total Admissions 2017	160
Total Discharges 2017	174
Residents on 12/31/2017	

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	9
Mental Illness	20
Developmental Disability	0
Circulatory System	4
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	48
Non-Medical Conditions	1
TOTALS	95

Total Residents Diagnosed as Mentally Ill 88

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	129	129	106	129	95	34	129	129
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	29	29	13	29	7	22		
TOTAL BEDS	158	158	119	158	102	56	129	129

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4789	10.2%	9041	19.2%	0	1468	5197	0	20495	43.5%	43.5%
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	1860	0	1860	17.6%	17.6%
TOTALS	4789	10.2%	9041	19.2%	0	1468	7057	0	22355	38.8%	38.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	3	2	5
60 to 64	5	4	0	0	0	0	0	1	5	5	10
65 to 74	9	11	0	0	0	0	0	0	9	11	20
75 to 84	5	18	0	0	0	0	0	0	5	18	23
85+	11	27	0	0	0	0	1	5	12	32	44
TOTALS	33	62	0	0	0	0	1	6	34	68	102

PA Peterson at the Citadel
1311 Parkview Ave
Rockford , IL. 61107

Classification Numbers

Facility ID	6007041	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	43	0	8	28	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	7	0	7
TOTALS	16	43	0	8	35	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	7	90
Race Unknown	2	0	0	0	2
Total	95	0	0	7	102

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	93	0	0	7	100
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	7	102

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	80.00
Physicians	108.00
Director of Nursing	80.00
Registered Nurses	563.00
LPN's	1207.00
Certified Aides	2201.00
Other Health Staff	1110.00
Non-Health Staff	2063.00
Totals	7412.00

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
10.6%	52.8%	18.1%	0.0%	18.4%	100.0%		
354,685	1,765,143	606,050	0	614,269	3,340,147	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Palm Terrace of Mattoon
1000 Palm Ave

Reference Numbers

Facility ID	6002109	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland
County	029	Coles County

Administrator
Julie A. Haskins

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/12/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	127
Total Admissions 2017	91
Total Discharges 2017	79
Residents on 12/31/2017	139

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	91
Developmental Disability	4
Circulatory System	11
Respiratory System	12
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	139

Total Residents Diagnosed as Mentally Ill 121

Total Residents Reported as Identified Offenders 11

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	178	178	139	178	139	39	178	178
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	178	139	178	139	39	178	178

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2036	3.1%	42485	65.4%	0	20	4343	0	48884	75.2%	75.2%
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%
TOTALS	2036	3.1%	42485	65.4%	0	20	4343	0	48884	75.2%	75.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	3	0	0	0	0	0	0	1	3	4
45 to 59	28	12	0	0	0	0	0	0	28	12	40
60 to 64	10	9	0	0	0	0	0	0	10	9	19
65 to 74	18	20	0	0	0	0	0	0	18	20	38
75 to 84	13	11	0	0	0	0	0	0	13	11	24
85+	12	2	0	0	0	0	0	0	12	2	14
TOTALS	82	57	0	0	0	0	0	0	82	57	139

Palm Terrace of Mattoon
1000 Palm Ave

Classification Numbers

Facility ID	6002109	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland
County	029	Coles County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	120	0	0	13	0	139
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	120	0	0	13	0	139

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	0	0	0	0	0
Total	139	0	0	0	139

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	139	0	0	0	139
Ethnicity Unknown	0	0	0	0	0
Total	139	0	0	0	139

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	13.00
Certified Aides	40.00
Other Health Staff	0.00
Non-Health Staff	45.00
Totals	107.00

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
5.0%	83.4%	0.0%	0.0%	11.6%	100.0%		
320,271	5,377,978	0	1,936	745,005	6,445,190	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Paramount of Oak Park
625 North Harlem Ave
Oak Park, IL. 60302

Reference Numbers

Facility ID	6006795	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Oak Park Township

Administrator
David Wengrow

Contact Person and Telephone
David Wengrow
708-848-5966

Registered Agent Information
Fran Meehan/Muchshelist P.C.
191 North Wacker Drive Suite 1800
Chicago, IL 60606

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	136
Total Admissions 2017	113
Total Discharges 2017	110
Residents on 12/31/2017	139

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	17
Endocrine/Metabolic	13
Blood Disorders	4
*Nervous System Non Alzheimer	10
Alzheimer Disease	2
Mental Illness	5
Developmental Disability	0
Circulatory System	48
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	15
Injuries and Poisonings	4
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	139

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	204	204	139	176	139	65	204	204
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	204	204	139	176	139	65	204	204

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5652	7.6%	42210	56.7%	36	0	1158	0	49056	65.9%	65.9%
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%
TOTALS	5652	7.6%	42210	56.7%	36	0	1158	0	49056	65.9%	65.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	4	0	0	0	0	0	0	2	4	6
45 to 59	16	6	0	0	0	0	0	0	16	6	22
60 to 64	23	8	0	0	0	0	0	0	23	8	31
65 to 74	27	16	0	0	0	0	0	0	27	16	43
75 to 84	13	12	0	0	0	0	0	0	13	12	25
85+	5	7	0	0	0	0	0	0	5	7	12
TOTALS	86	53	0	0	0	0	0	0	86	53	139

Paramount of Oak Park
625 North Harlem Ave
Oak Park, IL. 60302

Classification Numbers

Facility ID	6006795	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Oak Park Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	115	0	0	4	0	139
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	115	0	0	4	0	139

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	77	0	0	0	77
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	139	0	0	0	139

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	130	0	0	0	130
Ethnicity Unknown	0	0	0	0	0
Total	139	0	0	0	139

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	2.00
Director of Nursing	2.00
Registered Nurses	7.40
LPN's	18.80
Certified Aides	35.90
Other Health Staff	4.00
Non-Health Staff	32.81
Totals	104.91

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
31.8%	66.3%	0.1%	0.0%	1.8%	100.0%		
3,011,303	6,279,889	5,280	0	171,050	9,467,522	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Parents and Friends of the SLC
1450 Caseyville Avenue
Swansea, IL. 62226

Reference Numbers

Facility ID	6008882	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Frank Dickinson

Contact Person and Telephone
Judy K. Young
618-277-7730 Ext. 3302

Registered Agent Information
Frank Dickinson
1450 Caseyville Avenue
Swansea, IL 62226

Date Questionnaire Completed 4/11/2018

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	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	73
Total Admissions 2017	4
Total Discharges 2017	14
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	63
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
TOTALS	63

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	100	100	73	84	63	37		100
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	73	84	63	37	0	100

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			25049	68.6%	0	0	0	0	25049	68.6%	68.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	25049	68.6%	0	0	0	0	25049	68.6%	68.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	18	8	0	0	18	8	26
45 to 59	0	0	0	0	13	7	0	0	13	7	20
60 to 64	0	0	0	0	3	6	0	0	3	6	9
65 to 74	0	0	0	0	0	4	0	0	0	4	4
75 to 84	0	0	0	0	1	3	0	0	1	3	4
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	35	28	0	0	35	28	63

Parents and Friends of the SLC
1450 Caseyville Avenue
Swansea, IL. 62226

Classification Numbers

Facility ID	6008882	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		63	0	0	0	0	63
Sheltered Care			0	0	0	0	0
TOTALS	0	63	0	0	0	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	18	0	18
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	45	0	45
Race Unknown	0	0	0	0	0
Total	0	0	63	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	63	0	63
Ethnicity Unknown	0	0	0	0	0
Total	0	0	63	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	8.37
Certified Aides	49.99
Other Health Staff	9.29
Non-Health Staff	16.65
Totals	87.30

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%	99.8%	0.2%	0.0%	0.0%	100.0%		
0	2,949,467	4,821	0	0	2,954,288	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Paris Healthcare Center
1011 N. Main Street
Paris, IL. 61944

Reference Numbers

Facility ID	6007090	
Health Service Area	004	
Planning Service Area	045	Edgar
County	045	Edgar County

Administrator
Alicia Wilson

Contact Person and Telephone
Alicia Wilson RN
217-465-5376

Registered Agent Information

Date Questionnaire Completed 4/5/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	76
Total Admissions 2017	68
Total Discharges 2017	81
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	63

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	128	110	77	110	63	65	128	128
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	128	110	77	110	63	65	128	128

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2580	5.5%	12989	27.8%	379	104	9075	0	25127	53.8%	62.6%
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%
TOTALS	2580	5.5%	12989	27.8%	379	104	9075	0	25127	53.8%	62.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	5	4	0	0	0	0	0	0	5	4	9
65 to 74	2	14	0	0	0	0	0	0	2	14	16
75 to 84	10	25	0	0	0	0	0	0	10	25	35
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	19	44	0	0	0	0	0	0	19	44	63

Paris Healthcare Center
1011 N. Main Street
Paris, IL. 61944

Classification Numbers

Facility ID	6007090	
Health Service Area	004	
Planning Service Area	045	Edgar
County	045	Edgar County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	33	1	0	24	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	33	1	0	24	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.25
Director of Nursing	1.00
Registered Nurses	2.47
LPN's	5.25
Certified Aides	17.38
Other Health Staff	2.00
Non-Health Staff	21.75
Totals	51.10

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
26.3%	52.5%	1.2%	1.1%	18.9%	100.0%		
1,148,304	2,288,644	51,150	49,338	824,106	4,361,542	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Park Lawn Center
5831 W 115th Street
Alsip, IL. 60803

Reference Numbers

Facility ID	6007132	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

Administrator
Amy Pitt

Contact Person and Telephone
Frank Portada
708-425-7377

Registered Agent Information
James Himmel
6500 College Drive
Palos Heights, IL 60463

Date Questionnaire Completed 3/21/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	37
Total Admissions 2017	4
Total Discharges 2017	5
Residents on 12/31/2017	36

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	36
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
TOTALS	36

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	41	41	37	41	36	5		41
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	41	41	37	41	36	5	0	41

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			13505	90.2%	0	0	0	0	13505	90.2%	90.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	13505	90.2%	0	0	0	0	13505	90.2%	90.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	5	0	0	5	5	10
45 to 59	0	0	0	0	6	10	0	0	6	10	16
60 to 64	0	0	0	0	2	4	0	0	2	4	6
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	15	21	0	0	15	21	36

Park Lawn Center
5831 W 115th Street
Alsip, IL. 60803

Classification Numbers

Facility ID	6007132	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		36	0	0	0	0	36
Sheltered Care			0	0	0	0	0
TOTALS	0	36	0	0	0	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	32	0	32
Race Unknown	0	0	0	0	0
Total	0	0	36	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	34	0	34
Ethnicity Unknown	0	0	0	0	0
Total	0	0	36	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	2.00
Certified Aides	0.00
Other Health Staff	33.00
Non-Health Staff	10.00
Totals	50.00

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
0.0%	85.0%	0.0%	0.0%	15.0%	100.0%		
0	1,913,877	0	0	338,882	2,252,759	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Park Lawn Home
12615 S Kostner Avenue
Alsip, IL. 60803

Reference Numbers

Facility ID	6012264	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

Administrator
Amy Pitt

Contact Person and Telephone
Frank Portada
708-425-7377

Registered Agent Information
James Himmel
6500 Coleege Drive
Palos Heights, IL 60463

Date Questionnaire Completed 3/21/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	15	0		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	15

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5475	######	0	0	0	0	5475	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	######	0	0	0	0	5475	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	8	3	0	0	8	3	11
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	3	0	0	0	3	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
TOTALS	0	0	0	0	8	7	0	0	8	7	15

Park Lawn Home
12615 S Kostner Avenue
Alsip, IL. 60803

Classification Numbers

Facility ID	6012264	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	7.00
Non-Health Staff	1.00
Totals	8.00

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
0.0%	74.1%	0.0%	0.0%	25.9%	100.0%		
0	469,563	0	0	164,267	633,830	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Park Place
205 Park Avenue
Pana, IL. 62557

Reference Numbers

Facility ID	6013015	
Health Service Area	003	
Planning Service Area	021	Christian
County	021	Christian County

Administrator
Christina Durbin

Contact Person and Telephone
Christina Durbin
217-825-4267

Registered Agent Information
Lawrence Manson
20180 Governors Drive Suite 300
Olympia Fields, IL 60461

Date Questionnaire Completed 4/10/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	13
Total Admissions 2017	3
Total Discharges 2017	3
Residents on 12/31/2017	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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
TOTALS	13

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	14	16	13	3	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4348	74.5%	0	0	0	0	4348	74.5%	74.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4348	74.5%	0	0	0	0	4348	74.5%	74.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	7	2	0	0	7	2	9
45 to 59	0	0	0	0	0	3	0	0	0	3	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	8	5	0	0	8	5	13

Park Place
205 Park Avenue
Pana, IL. 62557

Classification Numbers

Facility ID	6013015	
Health Service Area	003	
Planning Service Area	021	Christian
County	021	Christian County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.50
Certified Aides	0.00
Other Health Staff	7.00
Non-Health Staff	0.50
Totals	8.50

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%	85.3%	0.0%	0.0%	14.7%	100.0%		
0	413,656	0	0	71,221	484,877	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Park Place
332 Country Club Road
Centralia , IL. 62801

Reference Numbers

Facility ID	6013502	
Health Service Area	005	
Planning Service Area	121	Marion
County	121	Marion County

Administrator
Jennifer Pontious

Contact Person and Telephone
Jennifer Pontious
618-533-7922

Registered Agent Information
Marvin Miller
623 E Broadway
Centralia, IL 62801

Date Questionnaire Completed 4/30/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	14
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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
TOTALS	14

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	14	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	14	14	2	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			695819	######	10279	0	111920	0	818018	14007.2%	14007.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	695819	######	10279	0	111920	0	818018	14007.2%	14007.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	3	0	0	0	3	0	3
65 to 74	0	0	0	0	2	0	0	0	2	0	2
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
TOTALS	0	0	0	0	8	0	0	0	8	0	8

Park Place
332 Country Club Road
Centralia , IL. 62801

Classification Numbers

Facility ID	6013502	
Health Service Area	005	
Planning Service Area	121	Marion
County	121	Marion County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16		0		0	
Sheltered Care			0	0	0	0	0
TOTALS	0	16		0		0	

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	1.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	19.00

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
0.0%	85.1%	1.3%	0.0%	13.7%	100.0%		
0	695,819	10,279	0	111,920	818,018	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Park Place Christian Community
1150 S. Euclid
Elmhurst, IL. 60126

Reference Numbers

Facility ID	6016430	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	York Township

Administrator
Shelly Smith

Contact Person and Telephone
Shelly Smith
630-936-4106

Registered Agent Information
William DeYoung
18601 N. Creek Drive
Tinley Park, IL 60477

Date Questionnaire Completed 4/4/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	32
Total Admissions 2017	533
Total Discharges 2017	535
Residents on 12/31/2017	30

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	4
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	7
Other Medical Conditions	4
Non-Medical Conditions	3
TOTALS	30

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	37	37	37	37	30	7	37	0
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	37	37	37	37	30	7	37	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7892	58.4%	0	0.0%	0	1677	105688	0	115257	853.4%	853.4%
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%
TOTALS	7892	58.4%	0	0.0%	0	1677	105688	0	115257	853.4%	853.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	4	11	0	0	0	0	0	0	4	11	15
TOTALS	10	20	0	0	0	0	0	0	10	20	30

Park Place Christian Community
1150 S. Euclid
Elmhurst, IL. 60126

Classification Numbers

Facility ID	6016430	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	York Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	0	0	4	9	0	30
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	0	0	4	9	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	30	0	0	0	30
Race Unknown	0	0	0	0	0
Total	30	0	0	0	30

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	30	0	0	0	30
Ethnicity Unknown	0	0	0	0	0
Total	30	0	0	0	30

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.04
LPN's	0.00
Certified Aides	21.38
Other Health Staff	13.65
Non-Health Staff	14.53
Totals	63.60

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
25.1%	0.0%	0.0%	5.1%	69.8%	100.0%		
4,523,506	0	0	918,425	12,551,447	17,993,378	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Park Place of Belvidere
1701 5th Ave
Belvidere, IL. 61008

Reference Numbers

Facility ID	6003073	
Health Service Area	001	
Planning Service Area	007	Boone
County	007	Boone County

Administrator
Margaret Ryan

Contact Person and Telephone
Margaret Ryan
815-547-5451

Registered Agent Information
A A Healthcare Management
8150 Central Park
Skokie, IL 60076

Date Questionnaire Completed 3/20/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	57
Total Admissions 2017	53
Total Discharges 2017	61
Residents on 12/31/2017	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	10
Developmental Disability	0
Circulatory System	8
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	80	62	80	49	31	0	80
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	80	80	62	80	49	31	0	80

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2543	0.0%	15956	54.6%	0	0	1046	0	19545	66.9%	66.9%
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%
TOTALS	2543	0.0%	15956	54.6%	0	0	1046	0	19545	66.9%	66.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	8	8	0	0	0	0	0	0	8	8	16
85+	2	8	0	0	0	0	0	0	2	8	10
TOTALS	21	28	0	0	0	0	0	0	21	28	49

Park Place of Belvidere
1701 5th Ave
Belvidere, IL. 61008

Classification Numbers

Facility ID	6003073	
Health Service Area	001	
Planning Service Area	007	Boone
County	007	Boone County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	42	0	0	4	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	42	0	0	4	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	46	0	0	0	46
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	2.75
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	18.25
Totals	45.00

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
33.1%	61.4%	0.0%	0.0%	5.4%	100.0%		
1,337,671	2,482,496	0	0	220,105	4,040,272	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARK POINTE HEALTHCARE & REHABILITATION
1223 EDGEWATER DR.
Morris, IL. 60450

Reference Numbers

Facility ID	6003875	
Health Service Area	009	
Planning Service Area	063	Grundy
County	063	Grundy County

Administrator
Suzanne Day

Contact Person and Telephone
Suzanne Day
815-416-6216

Registered Agent Information

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	115
Total Admissions 2017	275
Total Discharges 2017	283
Residents on 12/31/2017	107

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	13
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	20
Non-Medical Conditions	10
TOTALS	107

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	142	142	117	142	107	35	67	142
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	142	142	117	142	107	35	67	142

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7570	31.0%	13873	26.8%	0	147	16978	0	38568	74.4%	74.4%
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%
TOTALS	7570	31.0%	13873	26.8%	0	147	16978	0	38568	74.4%	74.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
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	7	23	0	0	0	0	0	0	7	23	30
85+	16	51	0	0	0	0	0	0	16	51	67
TOTALS	27	80	0	0	0	0	0	0	27	80	107

PARK POINTE HEALTHCARE & REHABILITATION
1223 EDGEWATER DR.
Morris, IL. 60450

Classification Numbers

Facility ID	6003875	
Health Service Area	009	
Planning Service Area	063	Grundy
County	063	Grundy County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	34	0	0	51	0	107
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	34	0	0	51	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	107	0	0	0	107

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	0	0	0	0	0
Total	107	0	0	0	107

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	10.00
Certified Aides	47.00
Other Health Staff	9.00
Non-Health Staff	64.00
Totals	143.00

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
31.0%	31.2%	0.0%	1.0%	36.8%	100.0%		
2,932,517	2,952,709	0	99,200	3,483,428	9,467,854	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Park Ridge Care Center
665 Busse hwy
Park RIdge, IL. 60068

Reference Numbers

Facility ID	6007157	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

Administrator
Rob Weisz

Contact Person and Telephone
Rob Weisz
847-825-5517

Registered Agent Information

Date Questionnaire Completed 4/16/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	41
Total Admissions 2017	15
Total Discharges 2017	18
Residents on 12/31/2017	38

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	32
Mental Illness	3
Developmental Disability	0
Circulatory System	2
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	38

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	46	46	0	46	38	8	46	46
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	46	46	0	46	38	8	46	46

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	12	0	0	0	0	0	0	7	12	19
60 to 64	3	7	0	0	0	0	0	0	3	7	10
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	12	26	0	0	0	0	0	0	12	26	38

Park Ridge Care Center
665 Busse hwy
Park RIdge, IL. 60068

Classification Numbers

Facility ID	6007157	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	32	3	0	0	0	38
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	32	3	0	0	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	38	0	0	0	38

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	37	0	0	0	37
Ethnicity Unknown	0	0	0	0	0
Total	38	0	0	0	38

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	1.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	34.00

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
20.1%	69.5%	10.3%	0.0%	0.0%	100.0%		
575,475	1,990,799	296,138	0	0	2,862,412	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Park View Rehabilitation Center
5888 N. Ridge Avenue
Chicago, IL. 60660

Reference Numbers

Facility ID	6002315	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 77 - Edgewater

Administrator
David J. Zaruba

Contact Person and Telephone
David J. Zaruba
773-769-2626

Registered Agent Information
Abraham Stern, MS REGISTERED AGE
191 N WACKER DR, STE 1800
Chicago, IL 60606

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	119
Total Admissions 2017	57
Total Discharges 2017	54
Residents on 12/31/2017	122

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	0
Mental Illness	35
Developmental Disability	0
Circulatory System	30
Respiratory System	25
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	122

Total Residents Diagnosed as Mentally Ill 122

Total Residents Reported as Identified Offenders 22

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	128	128	128	128	122	6	124	128
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	128	128	128	128	122	6	124	128

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3985	8.8%	39357	84.2%	433	0	274	0	44049	94.3%	94.3%
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%
TOTALS	3985	8.8%	39357	84.2%	433	0	274	0	44049	94.3%	94.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	3	0	0	0	0	0	0	6	3	9
45 to 59	16	13	0	0	0	0	0	0	16	13	29
60 to 64	13	11	0	0	0	0	0	0	13	11	24
65 to 74	26	22	0	0	0	0	0	0	26	22	48
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	2	2	0	0	0	0	0	0	2	2	4
TOTALS	65	57	0	0	0	0	0	0	65	57	122

Park View Rehabilitation Center
5888 N. Ridge Avenue
Chicago, IL. 60660

Classification Numbers

Facility ID	6002315	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 77 - Edgewater

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	100	2	0	0	0	122
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	100	2	0	0	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	32	0	0	0	32
Hawaiian/Pacific Isl.	1	0	0	0	1
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	122	0	0	0	122

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	0	0	0	0	0
Total	122	0	0	0	122

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.75
Director of Nursing	1.00
Registered Nurses	5.50
LPN's	12.90
Certified Aides	31.50
Other Health Staff	3.30
Non-Health Staff	22.60
Totals	79.55

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
29.0%	69.5%	0.7%	0.0%	0.8%	100.0%		
2,407,150	5,760,512	55,111	0	63,540	8,286,313	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Park Villa Nursing and Rehab Center
12550 S Ridgeland Avenue
Palos Heights, IL. 60563

Reference Numbers

Facility ID	6007934	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

Administrator
Eliana Mejia

Contact Person and Telephone
Eliana Mejia
708-597-9300

Registered Agent Information
Much Shelist P.C.
191 N Wacker Drive 1800
Chicago, IL 60606

Date Questionnaire Completed 4/16/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	73
Total Admissions 2017	443
Total Discharges 2017	455
Residents on 12/31/2017	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	4
Developmental Disability	0
Circulatory System	14
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	6
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	101	86	82	86	61	40	101	101
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	101	86	82	86	61	40	101	101

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8955	24.3%	10787	29.3%	0	2660	3225	0	25627	69.5%	81.6%
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%
TOTALS	8955	24.3%	10787	29.3%	0	2660	3225	0	25627	69.5%	81.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	8	11	0	0	0	0	0	0	8	11	19
85+	7	23	0	0	0	0	0	0	7	23	30
TOTALS	19	42	0	0	0	0	0	0	19	42	61

Park Villa Nursing and Rehab Center
12550 S Ridgeland Avenue
Palos Heights, IL. 60563

Classification Numbers

Facility ID	6007934	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	32	0	4	8	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	32	0	4	8	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.50
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	25.00
Certified Aides	31.00
Other Health Staff	0.00
Non-Health Staff	68.00
Totals	137.50

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
56.1%	7.2%	13.3%	14.5%	8.9%	100.0%		
5,039,166	650,233	1,197,757	1,302,363	797,698	8,987,217	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARKER NURSING AND REHABILITATION
516 WEST FRECH STREET
Streator, IL. 61364

Reference Numbers

Facility ID	6001374	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

Administrator
Kelsia Phillips

Contact Person and Telephone
Kelsia Phillips
815-672-2600

Registered Agent Information

Date Questionnaire Completed 2/26/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	55
Total Admissions 2017	100
Total Discharges 2017	97
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	10
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	7
Other Medical Conditions	4
Non-Medical Conditions	2
TOTALS	53

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	102	0	0	0	0	102	100	102
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	102	0	0	0	0	102	100	102

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	6	2	0	0	0	0	0	0	6	2	8
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	4	11	0	0	0	0	0	0	4	11	15
85+	2	11	0	0	0	0	0	0	2	11	13
TOTALS	19	34	0	0	0	0	0	0	19	34	53

PARKER NURSING AND REHABILITATION
516 WEST FRECH STREET
Streator, IL. 61364

Classification Numbers

Facility ID	6001374	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	44	0	1	1	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	44	0	1	1	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	4.40
LPN's	3.60
Certified Aides	16.00
Other Health Staff	7.40
Non-Health Staff	17.20
Totals	50.80

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARKSHORE ESTATES NURSING & REHAB
6125 SOUTH KENWOOD
Chicago, IL. 60637

Reference Numbers

Facility ID	6005003	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 42 - Woodlawn

Administrator
Thomeka Brown

Contact Person and Telephone
Thomeka Brown
773-752-6000

Registered Agent Information
Michele Bush
240 Fencl Lane
Hillside, IL 60162

Date Questionnaire Completed 4/14/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
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	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	200
Total Admissions 2017	158
Total Discharges 2017	107
Residents on 12/31/2017	251

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	20
Endocrine/Metabolic	0
Blood Disorders	75
*Nervous System Non Alzheimer	0
Alzheimer Disease	8
Mental Illness	8
Developmental Disability	4
Circulatory System	1
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	44
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	170

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	226	226	220	217	217	9	64	318
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	226	226	220	217	217	9	64	318

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2308	9.9%	22721	19.6%	26584	623	623	0	52859	64.1%	64.1%
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%
TOTALS	2308	9.9%	22721	19.6%	26584	623	623	0	52859	64.1%	64.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	21	10	0	0	0	0	0	0	21	10	31
45 to 59	48	28	0	0	0	0	0	0	48	28	76
60 to 64	21	14	0	0	0	0	0	0	21	14	35
65 to 74	30	11	0	0	0	0	0	0	30	11	41
75 to 84	13	11	0	0	0	0	0	0	13	11	24
85+	4	9	0	0	0	0	0	0	4	9	13
TOTALS	137	83	0	0	0	0	0	0	137	83	220

PARKSHORE ESTATES NURSING & REHAB
6125 SOUTH KENWOOD
Chicago, IL. 60637

Classification Numbers

Facility ID	6005003	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 42 - Woodlawn

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	192	0	0	0	192
Hawaiian/Pacific Isl.	0	0	0	0	0
White	13	0	0	0	13
Race Unknown	0	0	0	0	0
Total	208	0	0	0	208

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	1	0	0	0	1
Ethnicity Unknown	0	0	0	0	0
Total	10	0	0	0	10

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.80
Physicians	0.20
Director of Nursing	0.80
Registered Nurses	0.80
LPN's	0.80
Certified Aides	0.80
Other Health Staff	0.20
Non-Health Staff	0.20
Totals	4.60

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
1.0%	99.0%	0.0%	0.0%	0.0%	100.0%		
1,153,251	113,916,560	0	0	28,233	115,098,044	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARKVIEW HOME
1234 S. PARK BLVD.
Freeport, IL. 61032

Reference Numbers

Facility ID	6007231	
Health Service Area	001	
Planning Service Area	177	Stephenson
County	177	Stephenson County

Administrator
Debra Gitz

Contact Person and Telephone
Debra Gitz
815-232-8612

Registered Agent Information
Debra Gitz
1234 S. Park Blvd.
Freeport, IL 61032

Date Questionnaire Completed 3/27/2018

Continuing Care Retirement Community
Life Care Facility

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	47
Total Admissions 2017	11
Total Discharges 2017	14
Residents on 12/31/2017	44

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	44

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	45	45	29	45	24	21	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	58	42	24	35	20	38		
TOTAL BEDS	103	87	53	80	44	59	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	8624	365	8989	54.7%	54.7%
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	7089	0	7089	33.5%	46.2%
TOTALS	0	0.0%	0	0.0%	0	0	15713	365	16078	42.8%	50.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	2	0	0	0	0	2	2	4	4	8
85+	1	19	0	0	0	0	3	13	4	32	36
TOTALS	3	21	0	0	0	0	5	15	8	36	44

PARKVIEW HOME
1234 S. PARK BLVD.
Freeport, IL. 61032

Classification Numbers

Facility ID	6007231	
Health Service Area	001	
Planning Service Area	177	Stephenson
County	177	Stephenson County

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	23	1	24
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	20	0	20
TOTALS	0	0	0	0	43	1	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	24	0	0	20	44
Race Unknown	0	0	0	0	0
Total	24	0	0	20	44

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	24	0	0	20	44
Ethnicity Unknown	0	0	0	0	0
Total	24	0	0	20	44

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	10.00
Certified Aides	30.00
Other Health Staff	2.00
Non-Health Staff	40.00
Totals	92.00

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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	2,630,249	2,630,249	51,790	2.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Parkway Manor
3116 Williamson County Parkway
Marion, IL. 62959

Reference Numbers

Facility ID	6014385	
Health Service Area	005	
Planning Service Area	199	Williamson
County	199	Williamson County

Administrator
Tina Wright

Contact Person and Telephone
Tina Wright
618-993-8600 x1

Registered Agent Information
J. Michael Bibo
285 South Farnham Street
Galesburg, IL 61401

Date Questionnaire Completed 4/10/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	108
Total Admissions 2017	522
Total Discharges 2017	467
Residents on 12/31/2017	163

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	3
*Nervous System Non Alzheimer	2
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	10
Digestive System	10
Genitourinary System Disorders	12
Skin Disorders	1
Musculo-skeletal Disorders	37
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	96

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	131	131	113	131	96	35	131	78
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	131	131	113	131	96	35	131	78

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15356	32.1%	28959	######	0	2681	23017	0	70013	146.4%	146.4%
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%
TOTALS	15356	32.1%	28959	######	0	2681	23017	0	70013	146.4%	146.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	8	25	0	0	0	0	0	0	8	25	33
85+	8	48	0	0	0	0	0	0	8	48	56
TOTALS	17	79	0	0	0	0	0	0	17	79	96

Parkway Manor
3116 Williamson County Parkway
Marion, IL. 62959

Classification Numbers

Facility ID	6014385	
Health Service Area	005	
Planning Service Area	199	Williamson
County	199	Williamson County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	0.00

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
60.4%	19.3%	0.0%	0.9%	19.5%	100.0%		
5,847,252	1,864,937	4,138	83,029	1,887,950	9,687,306	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Patterson House
307 E Jefferson St
Sullivan, IL. 61951

Reference Numbers

Facility ID	6013114	
Health Service Area	004	
Planning Service Area	139	Moultrie
County	139	Moultrie County

Administrator
Nicki Palmer

Contact Person and Telephone
Kera Jones
217-728-4357

Registered Agent Information
Richard Grader
636 W Imboden
Decatur, IL 62521

Date Questionnaire Completed 4/10/2018

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	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	2
Total Discharges 2017	4
Residents on 12/31/2017	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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
TOTALS	13

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	0	0	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	0	0	16	13	3	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5375	92.0%	0	0	0	0	5375	92.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5375	92.0%	0	0	0	0	5375	92.0%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	1	3	0	0	1	3	4
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	5	8	0	0	5	8	13

Patterson House
307 E Jefferson St
Sullivan, IL. 61951

Classification Numbers

Facility ID	6013114	
Health Service Area	004	
Planning Service Area	139	Moultrie
County	139	Moultrie County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	1	0	1
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	1	0	1
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	13.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	660,123	0	0	0	660,123	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pavilion of Waukegan
2217 Washington ST
Waukegan, IL. 60085

Reference Numbers

Facility ID	6009799	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Akiva Brandman

Contact Person and Telephone
Akiva Brandman
847-244-4100

Registered Agent Information

Date Questionnaire Completed 3/8/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	96
Total Admissions 2017	143
Total Discharges 2017	144
Residents on 12/31/2017	95

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	40
Respiratory System	17
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 74

Total Residents Reported as Identified Offenders 8

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	112	112	105	112	95	17	112	107
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	112	112	105	112	95	17	112	107

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6107	14.9%	24961	63.9%	798	141	2739	0	34746	85.0%	85.0%
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%
TOTALS	6107	14.9%	24961	63.9%	798	141	2739	0	34746	85.0%	85.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	4	6	0	0	0	0	0	0	4	6	10
60 to 64	6	2	0	0	0	0	0	0	6	2	8
65 to 74	9	10	0	0	0	0	0	0	9	10	19
75 to 84	10	19	0	0	0	0	0	0	10	19	29
85+	7	21	0	0	0	0	0	0	7	21	28
TOTALS	37	58	0	0	0	0	0	0	37	58	95

Pavilion of Waukegan
2217 Washington ST
Waukegan, IL. 60085

Classification Numbers

Facility ID	6009799	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	71	3	0	7	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	71	3	0	7	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	32	0	0	0	32
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	10	0	0	0	10
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	13.00
Certified Aides	38.00
Other Health Staff	2.00
Non-Health Staff	39.00
Totals	106.00

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
37.4%	50.5%	2.0%	4.0%	6.2%	100.0%		
3,282,914	4,439,276	172,231	347,110	540,616	8,782,147	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pearl Pavilion, LLC
900 South Kiwanis Drive
Freeport , IL. 61032

Reference Numbers

Facility ID	6003339	
Health Service Area	001	
Planning Service Area	177	Stephenson
County	177	Stephenson County

Administrator
Michael D Rhoe

Contact Person and Telephone
Michael Rhoe
815-235-6196

Registered Agent Information
Aaron Rokach
4711 Golf Rd Ste 200
Skokie, IL 60076

Date Questionnaire Completed 4/13/2018

Life Care Facility

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	62
Total Admissions 2017	135
Total Discharges 2017	141
Residents on 12/31/2017	56

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	11
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	4
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	56

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	109	109	75	109	56	53	109	109
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	109	109	75	109	56	53	109	109

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4239	10.7%	15745	39.6%	472	430	1923	0	22809	57.3%	57.3%
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%
TOTALS	4239	10.7%	15745	39.6%	472	430	1923	0	22809	57.3%	57.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	6	1	0	0	0	0	0	0	6	1	7
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	5	13	0	0	0	0	0	0	5	13	18
85+	4	12	0	0	0	0	0	0	4	12	16
TOTALS	22	34	0	0	0	0	0	0	22	34	56

Pearl Pavilion, LLC
900 South Kiwanis Drive
Freeport , IL. 61032

Classification Numbers

Facility ID	6003339	
Health Service Area	001	
Planning Service Area	177	Stephenson
County	177	Stephenson County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	46	0	0	4	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	46	0	0	4	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	1	0	0	0	1
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	1	0	0	0	1
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	6.70
LPN's	4.80
Certified Aides	20.60
Other Health Staff	15.60
Non-Health Staff	5.80
Totals	56.50

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
44.0%	44.9%	1.3%	3.2%	6.6%	100.0%		
2,395,768	2,442,569	71,716	174,206	357,555	5,441,814	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pekin Manor
1520 El Camino Drive
Pekin, IL. 61554

Reference Numbers

Facility ID	6011712	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Karrie Polen

Contact Person and Telephone
Karrie Polen
309-353-1099

Registered Agent Information
J Michael Bibo
285 S Farnham St
Galesburg, IL 61401

Date Questionnaire Completed 3/20/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	92
Total Admissions 2017	374
Total Discharges 2017	378
Residents on 12/31/2017	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	12
Developmental Disability	0
Circulatory System	13
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	11
Skin Disorders	2
Musculo-skeletal Disorders	14
Injuries and Poisonings	16
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	130	130	110	130	88	42	130	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	7	0	0	0	0	7		
TOTAL BEDS	137	130	110	130	88	49	130	115

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6354	13.4%	12355	29.4%	5019	108	10443	0	34279	72.2%	72.2%
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%
TOTALS	6354	13.4%	12355	29.4%	5019	108	10443	0	34279	68.6%	72.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	13	0	0	0	0	0	0	3	13	16
75 to 84	5	20	0	0	0	0	0	0	5	20	25
85+	13	32	0	0	0	0	0	0	13	32	45
TOTALS	21	67	0	0	0	0	0	0	21	67	88

Pekin Manor
1520 El Camino Drive
Pekin, IL. 61554

Classification Numbers

Facility ID	6011712	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	49	0	0	24	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	49	0	0	24	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	2	0	0	0	2
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	19.00
Certified Aides	70.00
Other Health Staff	7.00
Non-Health Staff	49.00
Totals	156.00

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
39.1%	23.4%	9.3%	0.3%	27.9%	100.0%		
2,939,106	1,761,616	699,681	21,775	2,097,183	7,519,361	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PERSHING GARDENS HEALTHCARE CENTER
3900 SOUTH OAK PARK AVENUE
Stickney, IL. 60402

Reference Numbers

Facility ID	6007355	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Stickney Township

Administrator
Michael Jacobson

Contact Person and Telephone
Michael Jacobson
708-484-7543

Registered Agent Information

Date Questionnaire Completed 4/11/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	41
Total Admissions 2017	79
Total Discharges 2017	78
Residents on 12/31/2017	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	0
Circulatory System	10
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	51	51	49	51	42	9	31	51
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	51	51	49	51	42	9	31	51

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3321	29.4%	11301	60.7%	0	550	1522	0	16694	89.7%	89.7%
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%
TOTALS	3321	29.4%	11301	60.7%	0	550	1522	0	16694	89.7%	89.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	2	0	0	0	0	0	0	2	2	4
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	8	5	0	0	0	0	0	0	8	5	13
75 to 84	6	4	0	0	0	0	0	0	6	4	10
85+	5	7	0	0	0	0	0	0	5	7	12
TOTALS	23	19	0	0	0	0	0	0	23	19	42

PERSHING GARDENS HEALTHCARE CENTER
3900 SOUTH OAK PARK AVENUE
Stickney, IL. 60402

Classification Numbers

Facility ID	6007355	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Stickney Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	28	0	1	4	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	28	0	1	4	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	36	0	0	0	36
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	10.00
Totals	53.00

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
48.4%	43.5%	0.0%	0.7%	7.4%	100.0%		
2,034,096	1,830,026	0	28,356	312,375	4,204,853	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pershing Terrace
460 Pershing
Wood River, IL. 62095

Reference Numbers

Facility ID	6013924	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Karen Jockisch

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	4
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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
TOTALS	4

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1445	99.0%	0	0	0	0	1445	99.0%	99.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1445	99.0%	0	0	0	0	1445	99.0%	99.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	1	0	0	0	1	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	2	1	0	0	2	1	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
TOTALS	0	0	0	0	2	2	0	0	2	2	4

Pershing Terrace
460 Pershing
Wood River, IL. 62095

Classification Numbers

Facility ID	6013924	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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
0.0%	86.5%	4.4%	0.0%	9.1%	100.0%		
0	276,735	13,946	0	29,241	319,922	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Peterman House
6300 N. Ridge Ave
Chicago, IL. 60660

Reference Numbers

Facility ID	6016604	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Jessica Krugler

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave
Chicago, IL 60660

Date Questionnaire Completed 3/28/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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
TOTALS	12

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4001	#Div/0!	0	0	365	0	4366	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4001	0.0%	0	0	365	0	4366	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	8	0	0	0	8	0	8
45 to 59	0	0	0	0	4	0	0	0	4	0	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	12	0	0	0	12	0	12

Peterman House
6300 N. Ridge Ave
Chicago, IL. 60660

Classification Numbers

Facility ID	6016604	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	1	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	1	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.36
Physicians	0.09
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	9.79
Other Health Staff	3.74
Non-Health Staff	0.23
Totals	14.71

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%	77.4%	0.0%	0.0%	22.6%	100.0%		
0	597,713	0	0	174,526	772,239	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Peterson Park Healthcare Center
6141 N Pulaski Rd.
Chicago, IL. 60646

Reference Numbers

Facility ID	6007371	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 13 - North Park

Administrator
Etan Bleichman

Contact Person and Telephone
Jonathan Dauber
773-478-2000

Registered Agent Information
Illinois Corporation Services
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	174
Total Admissions 2017	167
Total Discharges 2017	174
Residents on 12/31/2017	167

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	1
Circulatory System	99
Respiratory System	19
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	167

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	188	188	0	188	167	21	92	188
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	188	188	0	188	167	21	92	188

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3321	9.9%	51939	75.7%	4635	620	1387	0	61902	90.2%	90.2%
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%
TOTALS	3321	9.9%	51939	75.7%	4635	620	1387	0	61902	90.2%	90.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	5	0	0	0	0	0	0	1	5	6
65 to 74	21	14	0	0	0	0	0	0	21	14	35
75 to 84	21	34	0	0	0	0	0	0	21	34	55
85+	9	55	0	0	0	0	0	0	9	55	64
TOTALS	57	110	0	0	0	0	0	0	57	110	167

Peterson Park Healthcare Center
6141 N Pulaski Rd.
Chicago, IL. 60646

Classification Numbers

Facility ID	6007371	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 13 - North Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	60	91	5	4	0	167
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	60	91	5	4	0	167

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	38	0	0	0	38
American Indian	1	0	0	0	1
Black	17	0	0	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	25	0	0	0	25
Total	167	0	0	0	167

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	25	0	0	0	25
Non-Hispanic	50	0	0	0	50
Ethnicity Unknown	92	0	0	0	92
Total	167	0	0	0	167

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	12.00
Certified Aides	81.00
Other Health Staff	0.00
Non-Health Staff	57.00
Totals	182.00

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
14.8%	78.9%	1.2%	2.6%	2.5%	100.0%		
1,979,851	10,549,382	158,860	349,538	330,123	13,367,754	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Piasa Manor
110 North Alby Court
Godfrey, IL. 62035

Reference Numbers

Facility ID	6000079	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Dawn Blissett

Contact Person and Telephone
Carol Dodd
618-465-9404

Registered Agent Information
CT Corporation
208 South LaSalle Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/16/2018

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	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	13
Total Admissions 2017	3
Total Discharges 2017	3
Residents on 12/31/2017	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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
TOTALS	12

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	12	4	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			12	0.2%	0	0	0	0	12	0.2%	0.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	12	0.2%	0	0	0	0	12	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	4	1	0	0	4	1	5
60 to 64	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	7	5	0	0	7	5	12

Piasa Manor
110 North Alby Court
Godfrey, IL. 62035

Classification Numbers

Facility ID	6000079	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.33
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.33
LPN's	0.40
Certified Aides	4.12
Other Health Staff	2.00
Non-Health Staff	1.00
Totals	8.18

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Piatt County Nursing Home
1111 North State Street
Monticello, IL. 61856

Reference Numbers

Facility ID	6007389	
Health Service Area	004	
Planning Service Area	147	Piatt
County	147	Piatt County

Administrator
Scott Porter

Contact Person and Telephone
Scott Porter
217-762-6672

Registered Agent Information

Date Questionnaire Completed 4/11/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	82
Total Admissions 2017	50
Total Discharges 2017	58
Residents on 12/31/2017	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	5
Mental Illness	27
Developmental Disability	0
Circulatory System	4
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	8
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 56

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	100	91	88	90	74	26	100	100
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	100	91	88	90	74	26	100	100

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1199	3.3%	14189	38.9%	0	455	12712	0	28555	78.2%	86.0%
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%
TOTALS	1199	3.3%	14189	38.9%	0	455	12712	0	28555	78.2%	86.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1		
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	4	15	0	0	0	0	0	0	4	15	19
85+	9	38	0	0	0	0	0	0	9	38	47
TOTALS	16		0	0	0	0	0	0	16		

Piatt County Nursing Home
1111 North State Street
Monticello, IL. 61856

Classification Numbers

Facility ID	6007389	
Health Service Area	004	
Planning Service Area	147	Piatt
County	147	Piatt County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	32	0	1	37	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	32	0	1	37	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.90
Physicians	0.05
Director of Nursing	0.80
Registered Nurses	9.76
LPN's	7.05
Certified Aides	37.90
Other Health Staff	6.39
Non-Health Staff	6.09
Totals	68.94

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
5.7%	41.3%	5.6%	0.0%	47.5%	100.0%		
278,598	2,019,239	272,354	0	2,322,035	4,892,226	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pinckneyville Nursing and Rehabilitation
708 Virginia Ct
Pinckneyville, IL. 62274

Reference Numbers

Facility ID	6005441	
Health Service Area	005	
Planning Service Area	145	Perry
County	145	Perry County

Administrator
Charity Bathon

Contact Person and Telephone
Lon Lindner
618-201-8560

Registered Agent Information
Scott Stout
105 S Commercial St Ste 1
Harrisburg, IL 62946

Date Questionnaire Completed 3/5/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	47
Total Admissions 2017	55
Total Discharges 2017	57
Residents on 12/31/2017	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	6
Mental Illness	3
Developmental Disability	0
Circulatory System	2
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	60	53	60	45	15	0	60
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	60	60	53	60	45	15	0	60

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2033	0.0%	7360	33.6%	750	0	3674	0	13817	63.1%	63.1%
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%
TOTALS	2033	0.0%	7360	33.6%	750	0	3674	0	13817	63.1%	63.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	3	13	0	0	0	0	0	0	3	13	16
TOTALS	15	30	0	0	0	0	0	0	15	30	45

Pinckneyville Nursing and Rehabilitation
708 Virginia Ct
Pinckneyville, IL. 62274

Classification Numbers

Facility ID	6005441	
Health Service Area	005	
Planning Service Area	145	Perry
County	145	Perry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	23	2	0	11	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	23	2	0	11	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	49.00

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
38.4%	32.5%	8.1%	0.0%	21.0%	100.0%		
935,013	791,872	198,000	0	511,095	2,435,980	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PINE ACRES REHAB AND LIVING CENTER
1212 SOUTH SECOND STREET
DeKalb, IL. 60115

Reference Numbers

Facility ID	6007413	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

Administrator
DALENA KEMNA-KAHN

Contact Person and Telephone
DALENA KEMNA-KAHN
815-758-8151

Registered Agent Information

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	81
Total Admissions 2017	122
Total Discharges 2017	115
Residents on 12/31/2017	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	2
Circulatory System	23
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	119	115	91	115	88	31	119	119
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	119	115	91	115	88	31	119	119

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4665	10.7%	15499	35.7%	0	62	10986	0	31212	71.9%	74.4%
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%
TOTALS	4665	10.7%	15499	35.7%	0	62	10986	0	31212	71.9%	74.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	10	0	0	0	0	0	0	3	10	13
75 to 84	8	15	0	0	0	0	0	0	8	15	23
85+	11	38	0	0	0	0	0	0	11	38	49
TOTALS	23	65	0	0	0	0	0	0	23	65	88

PINE ACRES REHAB AND LIVING CENTER
1212 SOUTH SECOND STREET
DeKalb, IL. 60115

Classification Numbers

Facility ID	6007413	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	37	0	1	37	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	37	0	1	37	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown		0	0	0	
Total		0	0	0	

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.50
LPN's	9.25
Certified Aides	43.25
Other Health Staff	0.00
Non-Health Staff	38.50
Totals	105.50

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
32.6%	33.1%	0.0%	4.6%	29.8%	100.0%		
2,472,330	2,512,860	0	346,672	2,258,405	7,590,267	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PINE CREST HEALTH CARE
3300 WEST 175TH STREET
Hazel Crest, IL. 60914

Reference Numbers

Facility ID	6004741	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

Administrator
Zina Ward

Contact Person and Telephone
Zina Ward
708-335-2400

Registered Agent Information
MS Registered Services
191 North Wacker Drive Suite 1800
Chicago, IL 60606

Date Questionnaire Completed 4/13/2018

Continuing Care Retirement Community

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	181
Total Admissions 2017	108
Total Discharges 2017	121
Residents on 12/31/2017	168

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	1
Mental Illness	85
Developmental Disability	0
Circulatory System	30
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	6
TOTALS	168

Total Residents Diagnosed as Mentally Ill 141

Total Residents Reported as Identified Offenders 23

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	199	199	180	199	168	31	199	199
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	199	199	180	199	168	31	199	199

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3064	4.2%	53757	74.0%	4272	0	637	0	61730	85.0%	85.0%
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%
TOTALS	3064	4.2%	53757	74.0%	4272	0	637	0	61730	85.0%	85.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	3	0	0	0	0	0	0	0	3	3
45 to 59	23	17	0	0	0	0	0	0	23	17	40
60 to 64	23	13	0	0	0	0	0	0	23	13	36
65 to 74	39	14	0	0	0	0	0	0	39	14	53
75 to 84	12	11	0	0	0	0	0	0	12	11	23
85+	5	8	0	0	0	0	0	0	5	8	13
TOTALS	102	66	0	0	0	0	0	0	102	66	168

PINE CREST HEALTH CARE
3300 WEST 175TH STREET
Hazel Crest, IL. 60914

Classification Numbers

Facility ID	6004741	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	145	16	0	2	0	168
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	145	16	0	2	0	168

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	118	0	0	0	118
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	168	0	0	0	168

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	162	0	0	0	162
Ethnicity Unknown	0	0	0	0	0
Total	168	0	0	0	168

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	9.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	23.00
Certified Aides	44.00
Other Health Staff	9.00
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
17.4%	74.6%	6.8%	0.0%	1.3%	100.0%		
1,897,809	8,143,247	740,019	0	139,260	10,920,335	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pine Terrace
2017 N. Pine Street

Reference Numbers

Facility ID	6014740	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Colleen Brooks

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	1
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5362	91.8%	0	0	0	0	5362	91.8%	91.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5362	91.8%	0	0	0	0	5362	91.8%	91.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	2	0	0	4	2	6
45 to 59	0	0	0	0	5	1	0	0	5	1	6
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	1	1	0	0	1	1	2
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
TOTALS	0	0	0	0	10	6	0	0	10	6	16

Pine Terrace
2017 N. Pine Street

Classification Numbers

Facility ID	6014740	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	6	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	81.7%	0.9%	0.0%	17.5%	100.0%		
0	597,488	6,295	0	127,647	731,430	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PINECREST MANOR
414 SOUTH WESLEY AVENUE
Mount Morris, IL. 61054

Reference Numbers

Facility ID	6007447	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

Administrator
Jolene LeClere

Contact Person and Telephone
Jolene LeClere

Registered Agent Information

Date Questionnaire Completed 3/1/2018

Continuing Care Retirement Community

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	111
Total Admissions 2017	177
Total Discharges 2017	187
Residents on 12/31/2017	101

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	29
Mental Illness	13
Developmental Disability	0
Circulatory System	25
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	101

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	125	125	115	125	101	24	71	139
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	125	125	115	125	101	24	71	139

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2875	11.1%	16132	31.8%	0	838	18332	0	38177	83.7%	83.7%
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%
TOTALS	2875	11.1%	16132	31.8%	0	838	18332	0	38177	83.7%	83.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	10	16	0	0	0	0	0	0	10	16	26
85+	14	55	0	0	0	0	0	0	14	55	69
TOTALS	27	74	0	0	0	0	0	0	27	74	101

PINECREST MANOR
414 SOUTH WESLEY AVENUE
Mount Morris, IL. 61054

Classification Numbers

Facility ID	6007447	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	37	0	3	55	0	101
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	37	0	3	55	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	1	0	0	0	1
Total	101	0	0	0	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	100	0	0	0	100
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	10.50
Certified Aides	57.00
Other Health Staff	9.50
Non-Health Staff	76.50
Totals	170.50

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%	26.3%	0.0%	4.3%	46.8%	100.0%		
2,014,337	2,339,536	0	386,876	4,164,614	8,905,363	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Piper City Rehabilitation & Living Center
600 S. Maple St.
Piper City, IL. 60959

Reference Numbers

Facility ID	6003792	
Health Service Area	004	
Planning Service Area	053	Ford
County	053	Ford County

Administrator
Jennifer Holzhauer

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/1/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	43
Total Admissions 2017	31
Total Discharges 2017	33
Residents on 12/31/2017	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	3
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
TOTALS	41

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	60	44	60	41	19	60	60
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	60	60	44	60	41	19	60	60

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1046	4.8%	8720	39.8%	0	0	5000	0	14766	67.4%	67.4%
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%
TOTALS	1046	4.8%	8720	39.8%	0	0	5000	0	14766	67.4%	67.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	0	2
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	4	10	0	0	0	0	0	0	4	10	14
TOTALS	15	26	0	0	0	0	0	0	15	26	41

Piper City Rehabilitation & Living Center
600 S. Maple St.
Piper City, IL. 60959

Classification Numbers

Facility ID	6003792	
Health Service Area	004	
Planning Service Area	053	Ford
County	053	Ford County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	20	0	0	17	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	20	0	0	17	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	40	0	0	0	40
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	17.00
Other Health Staff	21.00
Non-Health Staff	0.00
Totals	52.00

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
9.5%	57.0%	0.0%	0.6%	32.8%	100.0%		
207,646	1,240,118	0	13,576	714,645	2,175,985	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pittsfield Manor
610 Lowry Street
Pittsfield, IL. 62363

Reference Numbers

Facility ID	6012470	
Health Service Area	003	
Planning Service Area	013	Calhoun/Pike
County	149	Pike County

Administrator
Billye J. Titus

Contact Person and Telephone
Billye J. Titus
217-285-5200

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Date Questionnaire Completed 3/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	68
Total Admissions 2017	85
Total Discharges 2017	94
Residents on 12/31/2017	59

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	0
Circulatory System	12
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	10
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	59

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	89	89	71	89	59	30	89	89
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	89	89	71	89	59	30	89	89

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3105	9.6%	10933	33.7%	0	0	9322	0	23360	71.9%	71.9%
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%
TOTALS	3105	9.6%	10933	33.7%	0	0	9322	0	23360	71.9%	71.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	3	13	0	0	0	0	0	0	3	13	16
85+	2	31	0	0	0	0	0	0	2	31	33
TOTALS	9	50	0	0	0	0	0	0	9	50	59

Pittsfield Manor
610 Lowry Street
Pittsfield, IL. 62363

Classification Numbers

Facility ID	6012470	
Health Service Area	003	
Planning Service Area	013	Calhoun/Pike
County	149	Pike County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	26	0	24	0	0	59
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	26	0	24	0	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	15.00
Certified Aides	36.00
Other Health Staff	0.00
Non-Health Staff	42.00
Totals	97.00

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%	26.5%	0.0%	0.2%	43.5%	100.2%		
1,580,042	1,397,473	-10,008	9,053	2,296,187	5,272,747	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pleasant Hill Village
1010 West North Street
Girard, IL. 62640

Reference Numbers

Facility ID	6007470	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

Administrator
Maryann Walker

Contact Person and Telephone
Dawn Smith
217-627-2181 Ext 204

Registered Agent Information

Date Questionnaire Completed 4/13/2018

Continuing Care Retirement Community

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	75
Total Admissions 2017	42
Total Discharges 2017	46
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	24
Developmental Disability	0
Circulatory System	10
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	4
Other Medical Conditions	4
Non-Medical Conditions	1
TOTALS	71

Total Residents Diagnosed as Mentally Ill 22

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	92	78	92	71	27	98	60
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	98	92	78	92	71	27	98	60

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1779	5.0%	12946	59.1%	0	0	6570	0	21295	59.5%	63.4%
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%
TOTALS	1779	5.0%	12946	59.1%	0	0	6570	0	21295	59.5%	63.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	4	20	0	0	0	0	0	0	4	20	24
85+	5	38	0	0	0	0	0	0	5	38	43
TOTALS	12	59	0	0	0	0	0	0	12	59	71

Pleasant Hill Village
1010 West North Street
Girard, IL. 62640

Classification Numbers

Facility ID	6007470	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	36	0	0	30	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	36	0	0	30	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	10.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	9.00
Certified Aides	30.00
Other Health Staff	6.00
Non-Health Staff	30.00
Totals	90.00

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
18.3%	42.6%	0.0%	0.0%	39.0%	100.0%		
775,607	1,803,737	0	0	1,651,610	4,230,954	49,109	1.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pleasant Meadows Senior Living
400 W. Washington Ave.
Chrisman, IL. 61924

Reference Numbers

Facility ID	6007488	
Health Service Area	004	
Planning Service Area	045	Edgar
County	045	Edgar County

Administrator
Kathleen Lientz

Contact Person and Telephone
Same as above - Kathleen Lientz

Registered Agent Information
Stephen Sher
5750 Old Orchard Rd, Suite 420
Skokie, IL 60077

Date Questionnaire Completed 4/11/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	103
Total Admissions 2017	129
Total Discharges 2017	132
Residents on 12/31/2017	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	20
Mental Illness	20
Developmental Disability	0
Circulatory System	27
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	4
TOTALS	101

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	109	109	106	109	100	9	109	109
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	109	109	106	109	100	9	109	109

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3316	8.3%	22006	55.3%	0	773	10552	0	36647	92.1%	92.1%
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%
TOTALS	3316	8.3%	22006	55.3%	0	773	10552	0	36647	92.1%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	4	24	0	0	0	0	0	0	4	24	28
85+	15	48	0	0	0	0	0	0	15	48	63
TOTALS	23	77	0	0	0	0	0	0	23	77	100

Pleasant Meadows Senior Living
400 W. Washington Ave.
Chrisman, IL. 61924

Classification Numbers

Facility ID	6007488	
Health Service Area	004	
Planning Service Area	045	Edgar
County	045	Edgar County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	63	0	1	31	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	63	0	1	31	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	0	0	0	0	0
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	100	0	0	0	100
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	12.00
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	31.00
Totals	98.00

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
28.1%	44.8%	0.0%	0.0%	27.0%	100.0%		
2,152,813	3,431,873	0	0	2,067,618	7,652,304	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pleasant View Lutheran Home
505 College Avenue
Ottawa, IL. 61350

Reference Numbers

Facility ID	6007512	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

Administrator
Becky Cattani

Contact Person and Telephone
Matt Comerford
815-587-1020

Registered Agent Information

Date Questionnaire Completed 4/13/2018

Life Care Facility

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	79
Total Admissions 2017	344
Total Discharges 2017	350
Residents on 12/31/2017	73

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	8
Mental Illness	10
Developmental Disability	1
Circulatory System	12
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	3
Other Medical Conditions	8
Non-Medical Conditions	1
TOTALS	73

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	90	83	90	73	17	90	24
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	90	90	83	90	73	17	90	24

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5788	17.6%	4779	54.6%	0	1517	15281	0	27365	83.3%	83.3%
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%
TOTALS	5788	17.6%	4779	54.6%	0	1517	15281	0	27365	83.3%	83.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0		0	0	0	0	0	0	0		
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	12	42	0	0	0	0	0	0	12	42	54
TOTALS	21		0	0	0	0	0	0	21		

Pleasant View Lutheran Home
505 College Avenue
Ottawa, IL. 61350

Classification Numbers

Facility ID	6007512	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	13	0	4	43	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	13	0	4	43	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	4.00
Certified Aides	28.00
Other Health Staff	6.00
Non-Health Staff	46.00
Totals	104.00

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
20.3%	23.4%	0.0%	4.8%	51.5%	100.0%		
1,567,660	1,808,605	0	370,320	3,985,125	7,731,710	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pleasant View Rehabilitation and Health Care Cent
500 N. Jackson St.
Morrison, IL. 61270

Reference Numbers

Facility ID	6007504	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

Administrator
Kourtney Williams, B.S., MBA

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/15/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	43
Total Admissions 2017	23
Total Discharges 2017	30
Residents on 12/31/2017	36

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	8
Developmental Disability	0
Circulatory System	12
Respiratory System	5
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
TOTALS	36

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	74	74	36	74	36	38	74	74
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	74	74	36	74	36	38	74	74

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1	0.0%	31	0.1%	0	0	4	0	36	0.1%	0.1%
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%
TOTALS	1	0.0%	31	0.1%	0	0	4	0	36	0.1%	0.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	3	1	4
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	0	6	0	0	0	0	0	0	0	6	6
TOTALS	17	19	0	0	0	0	0	0	17	19	36

Pleasant View Rehabilitation and Health Care Cent
500 N. Jackson St.
Morrison, IL. 61270

Classification Numbers

Facility ID	6007504	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	31	0	0	4	0	36
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	31	0	0	4	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	36	0	0	0	36
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	11.00
Other Health Staff	0.00
Non-Health Staff	15.00
Totals	35.00

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
4.3%	76.3%	0.0%	0.0%	19.4%	100.0%		
90,211	1,584,231	0	585	402,374	2,077,401	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Plonka Terrace
184 Maple Avenue
Galesburg, IL. 61401

Reference Numbers

Facility ID	6012884	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

Administrator
Tiffany Lair

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	5	0	0	3	5	8
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	2	0	0	1	2	3
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Plonka Terrace
184 Maple Avenue
Galesburg, IL. 61401

Classification Numbers

Facility ID	6012884	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	79.9%	0.0%	0.0%	20.1%	100.0%		
0	556,150	0	0	139,641	695,791	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Plymouth Place
315 North La Grange Road
LaGrange Park, IL. 60526

Reference Numbers

Facility ID	6016265	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lyons Township

Administrator
Jacquelyn L. Terpstra

Contact Person and Telephone
Jacquelyn L. Terpstra
708-482-6825

Registered Agent Information
James A. Biere
315 North La Grange Road
La Grange Park, IL 60526

Date Questionnaire Completed 4/16/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	73
Total Admissions 2017	538
Total Discharges 2017	530
Residents on 12/31/2017	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	1
Circulatory System	15
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	5
Musculo-skeletal Disorders	6
Injuries and Poisonings	21
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	81

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	86	86	85	86	81	5	86	2
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	86	86	85	86	81	5	86	2

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11793	37.6%	0	0.0%	0	2205	12747	0	26745	85.2%	85.2%
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%
TOTALS	11793	37.6%	0	0.0%	0	2205	12747	0	26745	85.2%	85.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	21	40	0	0	0	0	0	0	21	40	61
TOTALS	28	53	0	0	0	0	0	0	28	53	81

Plymouth Place
315 North La Grange Road
LaGrange Park, IL. 60526

Classification Numbers

Facility ID	6016265	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lyons Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	0	0	6	42	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	0	0	6	42	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.50
LPN's	5.00
Certified Aides	35.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	82.50

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
57.5%	0.0%	0.0%	10.6%	31.9%	100.0%		
6,531,229	0	0	1,207,436	3,627,107	11,365,772	236,534	2.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Polk House
6300 N. Ridge Ave.
Chicago, IL. 60660

Reference Numbers

Facility ID	6012330	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Joe Ferrara

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Date Questionnaire Completed 3/28/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	0
Total Discharges 2017	1
Residents on 12/31/2017	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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
TOTALS	12

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	11	1		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	11	1	0	12

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4124	94.2%	0	0	0	0	4124	94.2%	94.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4124	94.2%	0	0	0	0	4124	94.2%	94.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	12	0	0	0	12	0	12
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	12	0	0	0	12	0	12

Polk House
6300 N. Ridge Ave.
Chicago, IL. 60660

Classification Numbers

Facility ID	6012330	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.22
Physicians	0.09
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	9.84
Other Health Staff	3.40
Non-Health Staff	0.23
Totals	13.89

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%	85.5%	0.0%	0.0%	14.5%	100.0%		
0	630,559	0	0	106,876	737,435	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Polo Rehabilitation & Health Care
703 E. Buffalo St
Polo, IL. 61064

Reference Numbers

Facility ID	6007546	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

Administrator
Rhonda Biller

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/5/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	52
Total Admissions 2017	58
Total Discharges 2017	65
Residents on 12/31/2017	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	3
Mental Illness	15
Developmental Disability	0
Circulatory System	4
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 31

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	81	81	58	81	45	36	81	81
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	81	81	58	81	45	36	81	81

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1221	4.1%	13465	45.5%	0	0	3948	0	18634	63.0%	63.0%
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%
TOTALS	1221	4.1%	13465	45.5%	0	0	3948	0	18634	63.0%	63.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	6	18	0	0	0	0	0	0	6	18	24
TOTALS	13	32	0	0	0	0	0	0	13	32	45

Polo Rehabilitation & Health Care
703 E. Buffalo St
Polo, IL. 61064

Classification Numbers

Facility ID	6007546	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	31	0	0	9	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	31	0	0	9	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	11.00
Certified Aides	22.00
Other Health Staff	23.00
Non-Health Staff	0.00
Totals	61.00

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
5.1%	69.5%	0.0%	1.3%	24.1%	100.0%		
140,342	1,931,500	0	35,778	670,343	2,777,963	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Praire House
1770 Sauk Trail
Sauk Village, IL. 60411

Reference Numbers

Facility ID	6011951	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

Administrator
Kristin Low

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	14
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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
TOTALS	14

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	14	2	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5140	88.0%	0	0	0	0	5140	88.0%	88.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5140	88.0%	0	0	0	0	5140	88.0%	88.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	3	1	0	0	3	1	4
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	8	6	0	0	8	6	14

Praire House
1770 Sauk Trail
Sauk Village, IL. 60411

Classification Numbers

Facility ID	6011951	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	14	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	0	14	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	7	0	7
Race Unknown	0	0	2	0	2
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	77.1%	0.9%	0.0%	22.0%	100.0%		
0	563,748	6,321	0	161,128	731,197	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Prairie City Rehabilitation and Healthcare
825 E. Main Street
Prairie City, IL. 61470

Reference Numbers

Facility ID	6007561	
Health Service Area	002	
Planning Service Area	109	McDonough
County	109	McDonough County

Administrator
Kendel Brooks

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/13/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	32
Total Admissions 2017	22
Total Discharges 2017	22
Residents on 12/31/2017	32

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	18
Developmental Disability	1
Circulatory System	1
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	32

Total Residents Diagnosed as Mentally Ill 18

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	47	47	38	47	32	15	47	47
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	47	47	38	47	32	15	47	47

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	391	2.3%	8941	52.1%	0	0	1794	0	11126	64.9%	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%
TOTALS	391	2.3%	8941	52.1%	0	0	1794	0	11126	64.9%	64.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	5	2	0	0	0	0	0	0	5	2	7
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	5	1	0	0	0	0	0	0	5	1	6
75 to 84	4	3	0	0	0	0	0	0	4	3	7
85+	3	2	0	0	0	0	0	0	3	2	5
TOTALS	19	13	0	0	0	0	0	0	19	13	32

Prairie City Rehabilitation and Healthcare
825 E. Main Street
Prairie City, IL. 61470

Classification Numbers

Facility ID	6007561	
Health Service Area	002	
Planning Service Area	109	McDonough
County	109	McDonough County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	24	0	0	7	0	32
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	24	0	0	7	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	31	0	0	0	31
Race Unknown	0	0	0	0	0
Total	32	0	0	0	32

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	32	0	0	0	32
Ethnicity Unknown	0	0	0	0	0
Total	32	0	0	0	32

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	4.00
Certified Aides	18.00
Other Health Staff	3.00
Non-Health Staff	16.00
Totals	46.00

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
5.8%	78.6%	0.0%	0.0%	15.5%	100.0%		
77,758	1,049,643	0	0	207,559	1,334,960	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRAIRIE CROSSING LIVING & REHAB CTR.
409 WEST COMANCHE
Shabbona, IL. 60550-9790

Reference Numbers

Facility ID	6008502	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

Administrator
KELLY SHUMWAY

Contact Person and Telephone
REBECCA FRIEDMAN
847-982-2300

Registered Agent Information
MR. SHELDON WOLFE
7434 N. SKOKIE BLVD.
Skokie, IL 60077

Date Questionnaire Completed 4/16/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	57
Total Admissions 2017	51
Total Discharges 2017	62
Residents on 12/31/2017	46

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	45
Non-Medical Conditions	0
TOTALS	46

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	91	91	66	91	46	45	91	91
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	91	91	66	91	46	45	91	91

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1374	4.1%	16060	48.4%	0	0	2153	0	19587	59.0%	59.0%
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%
TOTALS	1374	4.1%	16060	48.4%	0	0	2153	0	19587	59.0%	59.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	7	14	0	0	0	0	0	0	7	14	21
85+	3	8	0	0	0	0	0	0	3	8	11
TOTALS	13	33	0	0	0	0	0	0	13	33	46

PRAIRIE CROSSING LIVING & REHAB CTR.
409 WEST COMANCHE
Shabbona, IL. 60550-9790

Classification Numbers

Facility ID	6008502	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	40	0	0	4	0	46
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	40	0	0	4	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	46	0	0	0	46
Total	46	0	0	0	46

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	5.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	31.00
Totals	68.00

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
21.5%	63.1%	0.0%	0.0%	15.4%	100.0%		
779,668	2,291,730	0	0	561,120	3,632,518	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Prairie Manor Health Care Center
345 Dixie Highway
Chicago Heights, IL. 60411

Reference Numbers

Facility ID	6011746	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

Administrator
Mary Rose Stucker

Contact Person and Telephone
Darcie Melia
708-754-7601 Ext# 146

Registered Agent Information
David Aronin
2201 West Main Street
Evanston, IL 60202

Date Questionnaire Completed 4/6/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	135
Total Admissions 2017	247
Total Discharges 2017	247
Residents on 12/31/2017	135

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	6
Blood Disorders	6
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	37
Respiratory System	31
Digestive System	6
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	8
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	135

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	148	148	148	148	135	13	148	148
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	148	148	148	148	135	13	148	148

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8547	15.8%	34676	64.2%	0	1611	3596	0	48430	89.7%	89.7%
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%
TOTALS	8547	15.8%	34676	64.2%	0	1611	3596	0	48430	89.7%	89.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	10	14	0	0	0	0	0	0	10	14	24
75 to 84	8	31	0	0	0	0	0	0	8	31	39
85+	12	56	0	0	0	0	0	0	12	56	68
TOTALS	32	103	0	0	0	0	0	0	32	103	135

Prairie Manor Health Care Center
345 Dixie Highway
Chicago Heights, IL. 60411

Classification Numbers

Facility ID	6011746	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	98	0	0	10	0	135
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	98	0	0	10	0	135

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	64	0	0	0	64
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	135	0	0	0	135

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	132	0	0	0	132
Total	135	0	0	0	135

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	24.00
Certified Aides	31.00
Other Health Staff	13.00
Non-Health Staff	39.00
Totals	115.00

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%	56.8%	0.0%	5.6%	6.9%	100.0%		
3,572,662	6,610,951	0	648,584	808,039	11,640,236	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Prairie Oasis
16000 S. Wabash
South Holland, IL. 60473

Reference Numbers

Facility ID	6010078	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

Administrator
Julie Amico

Contact Person and Telephone
Julie Amico
708-339-0600

Registered Agent Information
Gutnicki LLP
4711 Golf Road, Ste 200
Skokie, IL 60076

Date Questionnaire Completed 3/29/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	116
Total Admissions 2017	86
Total Discharges 2017	84
Residents on 12/31/2017	118

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	2
Circulatory System	60
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	6
Other Medical Conditions	6
Non-Medical Conditions	6
TOTALS	118

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	135	0	0	0	118	17	135	135
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	135	0	0	0	118	17	135	135

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2838	5.8%	7859	15.9%	0	0	0	0	10697	21.7%	0.0%
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%
TOTALS	2838	5.8%	7859	15.9%	0	0	0	0	10697	21.7%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	2	0	0	0	0	0	0	1	2	3
65 to 74	14	11	0	0	0	0	0	0	14	11	25
75 to 84	9	23	0	0	0	0	0	0	9	23	32
85+	10	46	0	0	0	0	0	0	10	46	56
TOTALS	35	83	0	0	0	0	0	0	35	83	118

Prairie Oasis
16000 S. Wabash
South Holland, IL. 60473

Classification Numbers

Facility ID	6010078	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	107	0	0	0	0	118
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	107	0	0	0	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	98	0	0	0	98
Hawaiian/Pacific Isl.	0	0	0	0	0
White	18	0	0	0	18
Race Unknown	2	0	0	0	2
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	0	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	18.00
Certified Aides	43.00
Other Health Staff	7.00
Non-Health Staff	17.00
Totals	92.00

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
21.9%	75.3%	0.0%	1.6%	1.3%	100.0%		
1,692,946	5,833,611	0	121,103	98,535	7,746,195	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

8/5/2016 Discontinued 15 Nursing Care beds; facility now has 135 Nursing Care beds.

Prairie Rose Health Care Center
900 South Chestnut Street
Pana, IL. 62557

Reference Numbers

Facility ID	6007082	
Health Service Area	003	
Planning Service Area	021	Christian
County	021	Christian County

Administrator
Ashlie Schmitz

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/21/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	48
Total Admissions 2017	57
Total Discharges 2017	45
Residents on 12/31/2017	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	5
Mental Illness	8
Developmental Disability	0
Circulatory System	15
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	105	105	60	105	60	45	105	105
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	105	105	60	105	60	45	105	105

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	920	2.4%	15118	39.4%	0	3	1934	0	17975	46.9%	46.9%
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%
TOTALS	920	2.4%	15118	39.4%	0	3	1934	0	17975	46.9%	46.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	3	0	3
60 to 64	4	0	0	0	0	0	0	0	4	0	4
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	12	9	0	0	0	0	0	0	12	9	21
85+	6	12	0	0	0	0	0	0	6	12	18
TOTALS	31	29	0	0	0	0	0	0	31	29	60

Prairie Rose Health Care Center
900 South Chestnut Street
Pana, IL. 62557

Classification Numbers

Facility ID	6007082	
Health Service Area	003	
Planning Service Area	021	Christian
County	021	Christian County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	48	0	0	7	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	48	0	0	7	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	8.00
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	51.00

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
6.3%	83.4%	0.0%	0.2%	10.2%	100.0%		
150,342	1,999,054	0	4,772	243,841	2,398,009	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Prairie Village Healthcare Center
1024 W. Walnut St.
Jacksonville, IL. 62650

Reference Numbers

Facility ID	6006027	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	137	Morgan County

Administrator
Jerri S. Springer

Contact Person and Telephone
Jerri S. Springer
217-245-5175

Registered Agent Information
David Aronin
2201 Main
Evanston, IL 60202

Date Questionnaire Completed 3/29/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	72
Total Admissions 2017	68
Total Discharges 2017	68
Residents on 12/31/2017	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	5
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	40
Non-Medical Conditions	19
TOTALS	72

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	126	126	81	126	72	54	53	126
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	126	126	81	126	72	54	53	126

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2721	14.1%	22334	48.6%	0	0	2075	0	27130	59.0%	59.0%
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%
TOTALS	2721	14.1%	22334	48.6%	0	0	2075	0	27130	59.0%	59.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	3	0	0	0	0	0	0	2	3	5
45 to 59	6	6	0	0	0	0	0	0	6	6	12
60 to 64	1	6	0	0	0	0	0	0	1	6	7
65 to 74	9	9	0	0	0	0	0	0	9	9	18
75 to 84	9	13	0	0	0	0	0	0	9	13	22
85+	1	7	0	0	0	0	0	0	1	7	8
TOTALS	28	44	0	0	0	0	0	0	28	44	72

Prairie Village Healthcare Center
1024 W. Walnut St.
Jacksonville, IL. 62650

Classification Numbers

Facility ID	6006027	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	137	Morgan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	63	0	0	3	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	63	0	0	3	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	12.00
Certified Aides	22.00
Other Health Staff	7.00
Non-Health Staff	30.00
Totals	77.00

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
35.5%	58.2%	0.0%	0.0%	6.3%	100.0%		
1,768,854	2,906,409	0	0	314,330	4,989,593	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Prairieview at The Garlands of Barrington
6000 Garlands Lane
Barrington, IL. 60010

Reference Numbers

Facility ID	6016158	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Dawn L. Kempf

Contact Person and Telephone
Amanda Hintz
847-852-3595

Registered Agent Information

Date Questionnaire Completed 3/15/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	11
Total Admissions 2017	93
Total Discharges 2017	93
Residents on 12/31/2017	11

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	20	20	15	20	11	9	20	0
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	20	20	15	20	11	9	20	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1242	17.0%	0	0.0%	0	304	1652	0	3198	43.8%	43.8%
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%
TOTALS	1242	17.0%	0	0.0%	0	304	1652	0	3198	43.8%	43.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	4	7	0	0	0	0	0	0	4	7	11

Prairieview at The Garlands of Barrington
6000 Garlands Lane
Barrington, IL. 60010

Classification Numbers

Facility ID	6016158	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	0	0	1	8	0	11
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	0	0	1	8	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	11	0	0	0	11
Race Unknown	0	0	0	0	0
Total	11	0	0	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	11	0	0	0	11
Ethnicity Unknown	0	0	0	0	0
Total	11	0	0	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	4.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	11.34
LPN's	0.00
Certified Aides	22.40
Other Health Staff	0.00
Non-Health Staff	6.80
Totals	46.54

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%	0.0%	0.0%	7.4%	65.3%	100.0%		
583,090	0	0	159,181	1,399,011	2,141,282	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRAIRIEVIEW LUTHERAN HOME
403 NORTH 4TH STREET
Danforth, IL. 60930

Reference Numbers

Facility ID	6007595	
Health Service Area	004	
Planning Service Area	075	Iroquois
County	075	Iroquois County

Administrator
Thomas W. McCann

Contact Person and Telephone
Margaret K. Holden
815-269-2970

Registered Agent Information
Thomas W. McCann
403 North 4th Street
Danforth, IL 60930

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	81
Total Admissions 2017	89
Total Discharges 2017	82
Residents on 12/31/2017	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	9
Mental Illness	12
Developmental Disability	16
Circulatory System	13
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	6
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	87

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	90	87	90	87	3	42	29
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	90	90	87	90	87	3	42	29

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1702	11.1%	5513	52.1%	0	476	22847	0	30538	93.0%	93.0%
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%
TOTALS	1702	11.1%	5513	52.1%	0	476	22847	0	30538	93.0%	93.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	6	15	0	0	0	0	0	0	6	15	21
85+	11	44	0	0	0	0	0	0	11	44	55
TOTALS	21	66	0	0	0	0	0	0	21	66	87

PRAIRIEVIEW LUTHERAN HOME
403 NORTH 4TH STREET
Danforth, IL. 60930

Classification Numbers

Facility ID	6007595	
Health Service Area	004	
Planning Service Area	075	Iroquois
County	075	Iroquois County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	14	0	1	67	0	87
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	14	0	1	67	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	87	0	0	0	87

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	11.00
Certified Aides	46.00
Other Health Staff	0.00
Non-Health Staff	54.00
Totals	125.00

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
15.7%	11.6%	0.0%	3.1%	69.6%	100.0%		
1,151,728	854,420	0	228,773	5,106,676	7,341,597	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Cor Mariae Center
330 Maria Linden Drive
Rockford, IL. 61114

Reference Numbers

Facility ID	6005771	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Sherry Gillihan

Contact Person and Telephone
Sherry Gillihan
815-877-7416

Registered Agent Information
Kathy Cronin
189727 Hickory Creek Drive
Mokena, IL 60448

Date Questionnaire Completed 3/10/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	66
Total Admissions 2017	397
Total Discharges 2017	397
Residents on 12/31/2017	66

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	22
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	13
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	66

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	73	73	0	73	49	24	73	20
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	61	61	0	61	17	44		
TOTAL BEDS	134	134	0	134	66	68	73	20

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12	0.0%	19	0.3%	0	10	25	0	66	0.2%	0.2%
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%
TOTALS	12	0.0%	19	0.3%	0	10	25	0	66	0.1%	0.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	2	0	2
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	4	5	0	0	0	0	1	0	5	5	10
75 to 84	6	10	0	0	0	0	4	3	10	13	23
85+	3	17	0	0	0	0	4	5	7	22	29
TOTALS	15	34	0	0	0	0	9	8	24	42	66

Presence Cor Mariae Center
330 Maria Linden Drive
Rockford, IL. 61114

Classification Numbers

Facility ID	6005771	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	18	0	1	9	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	17	0	17
TOTALS	21	18	0	1	26	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	1	1
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	16	63
Race Unknown	0	0	0	0	0
Total	49	0	0	17	66

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	6.20
LPN's	9.10
Certified Aides	16.60
Other Health Staff	10.80
Non-Health Staff	21.30
Totals	67.00

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
46.2%	12.3%	0.0%	10.9%	30.7%	100.0%		
3,154,581	839,700	0	743,640	2,096,977	6,834,898	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Heritage Village
901 North Entrance Avenue
Kankakee, IL. 60901

Reference Numbers

Facility ID	6004246	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Robin Gifford

Contact Person and Telephone
Robin Gifford
815-939-4506

Registered Agent Information
Kathy Cronin
18927 Hickory Creek Drive
Mokena, IL 60448

Date Questionnaire Completed 4/11/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	63
Total Admissions 2017	364
Total Discharges 2017	373
Residents on 12/31/2017	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	54

Total Residents Diagnosed as Mentally Ill 24

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	51	51	47	51	37	14	51	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	79	36	25	36	17	62		
TOTAL BEDS	130	87	72	87	54	76	51	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4862	26.1%	0	0.0%	0	4862	3025	0	12749	68.5%	68.5%
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	1720	9015	0	10735	37.2%	81.7%
TOTALS	4862	26.1%	0	0.0%	0	6582	12040	0	23484	49.5%	74.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	2	4	0	0	0	0	0	2	2	6	8
75 to 84	1	21	0	0	0	0	1	6	2	27	29
85+	2	0	0	0	0	0	8	0	10	0	10
TOTALS	8	29	0	0	0	0	9	8	17	37	54

Presence Heritage Village
901 North Entrance Avenue
Kankakee, IL. 60901

Classification Numbers

Facility ID	6004246	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	0	0	6	17	0	37
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	17	0	17
TOTALS	14	0	0	6	34	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	17	53
Race Unknown	0	0	0	0	0
Total	37	0	0	17	54

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	37	0	0	17	54
Ethnicity Unknown	0	0	0	0	0
Total	37	0	0	17	54

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	9.00
Certified Aides	17.00
Other Health Staff	11.00
Non-Health Staff	21.00
Totals	67.00

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
49.0%	0.0%	0.0%	17.5%	33.5%	100.0%		
2,453,030	0	0	876,225	1,677,265	5,006,520	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Maryhaven Nursing and Rehabilitation
1700 E. Lake Ave
Glenview, IL. 60025

Reference Numbers

Facility ID	6005854	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Northfield Township

Administrator
Michael Florczak

Contact Person and Telephone
Michael Florczak
847-729-1300

Registered Agent Information
Kathy Cronin
18927 Hickory Creek Dr, Suite 300
Mokena, IL 60448

Date Questionnaire Completed 4/6/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	100
Total Admissions 2017	228
Total Discharges 2017	239
Residents on 12/31/2017	89

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	39
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	90

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	135	135	109	135	90	45	135	61
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	135	135	109	135	90	45	135	61

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4559	9.3%	16778	75.4%	0	1738	11675	1360	36110	73.3%	73.3%
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%
TOTALS	4559	9.3%	16778	75.4%	0	1738	11675	1360	36110	73.3%	73.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	3	2	5
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	6	39	0	0	0	0	0	0	6	39	45
TOTALS	23	67	0	0	0	0	0	0	23	67	90

Presence Maryhaven Nursing and Rehabilitation
1700 E. Lake Ave
Glenview, IL. 60025

Classification Numbers

Facility ID	6005854	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Northfield Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	48	0	3	27	3	90
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	48	0	3	27	3	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	7	0	0	0	7
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	2	0	0	0	2

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	17.70
LPN's	3.10
Certified Aides	36.80
Other Health Staff	12.90
Non-Health Staff	19.90
Totals	93.40

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
31.3%	27.1%	0.0%	8.6%	33.0%	100.0%		
3,222,694	2,784,653	0	883,014	3,397,071	10,287,432	177,446	1.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Mc Auley Manor
400 West Sullivan Road
Aurora, IL. 60506

Reference Numbers

Facility ID	6005912	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Helena Mathews

Contact Person and Telephone
Helena Mathews
630-801-440

Registered Agent Information
Kathleen Cronin
18927 Hickory Creek Drive, Suite 300
Mokena, IL 60448

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	53
Total Admissions 2017	507
Total Discharges 2017	519
Residents on 12/31/2017	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	12
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	41

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	87	87	41	87	41	46	87	14
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	87	87	41	87	41	46	87	14

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12652	39.8%	2011	39.4%	117	1280	1583	445	18088	57.0%	57.0%
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%
TOTALS	12652	39.8%	2011	39.4%	117	1280	1583	445	18088	57.0%	57.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	3	1	4
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	4	6	0	0	0	0	0	0	4	6	10
85+	4	14	0	0	0	0	0	0	4	14	18
TOTALS	16	25	0	0	0	0	0	0	16	25	41

Presence Mc Auley Manor
400 West Sullivan Road
Aurora, IL. 60506

Classification Numbers

Facility ID	6005912	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	4	1	4	7	2	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	4	1	4	7	2	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	4	0	0	0	4
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	37	0	0	0	37
Ethnicity Unknown	1	0	0	0	1
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.60
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.60
LPN's	1.40
Certified Aides	14.70
Other Health Staff	10.40
Non-Health Staff	14.00
Totals	55.70

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
48.3%	18.3%	0.0%	24.1%	9.4%	100.0%		
3,033,772	1,147,715	0	1,512,391	589,485	6,283,363	-1,524	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Nazarethville
300 N. River Road
Des Plaines, IL. 60016

Reference Numbers

Facility ID	6006506	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

Administrator
Sister Maryann McKeogh

Contact Person and Telephone
Sister Maryann McKeogh
847-493-4426

Registered Agent Information
Michael McConnell
1127 North Oakley Ste. 268
Chicago, IL 60622

Date Questionnaire Completed 4/15/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	65
Total Admissions 2017	47
Total Discharges 2017	43
Residents on 12/31/2017	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	9
Mental Illness	19
Developmental Disability	0
Circulatory System	17
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	68	68	68	68	66	2	0	68
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	15	15	3	15	3	12		
TOTAL BEDS	83	83	71	83	69	14	0	68

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	706	0.0%	14697	59.2%	0	17	8594	0	24014	96.8%	96.8%
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	1141	0	1141	20.8%	20.8%
TOTALS	706	0.0%	14697	59.2%	0	17	9735	0	25155	83.0%	83.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	3	0	0	0	0	0	1	1	4	5
75 to 84	4	11	0	0	0	0	1	0	5	11	16
85+	5	42	0	0	0	0	0	1	5	43	48
TOTALS	10	56	0	0	0	0	1	2	11	58	69

Presence Nazarethville
300 N. River Road
Des Plaines, IL. 60016

Classification Numbers

Facility ID	6006506	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	40	0	0	27	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	40	0	0	27	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	3	68
Race Unknown	0	0	0	0	0
Total	66	0	0	3	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	65	0	0	3	68
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	3	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	1.70
Certified Aides	25.80
Other Health Staff	1.90
Non-Health Staff	18.10
Totals	61.50

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
12.5%	39.7%	0.0%	0.0%	47.8%	100.0%		
749,195	2,384,918	0	0	2,874,867	6,008,980	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Our Lady of Vivtory
20 Briarcliff Lane
Bourbonnais, IL. 60914

Reference Numbers

Facility ID	6007009	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Marcita Carter

Contact Person and Telephone
Marcita Carter
815-937-2022

Registered Agent Information
Kathy Cronin
18927 Hickory Creek Ln.
Mokena, IL 60448

Date Questionnaire Completed 4/5/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	86
Total Admissions 2017	92
Total Discharges 2017	96
Residents on 12/31/2017	82

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	17
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	9
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	82

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	107	105	94	105	82	25	55	90
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	107	105	94	105	82	25	55	90

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4606	22.9%	23904	72.8%	0	152	3814	15	32491	83.2%	84.8%
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%
TOTALS	4606	22.9%	23904	72.8%	0	152	3814	15	32491	83.2%	84.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	0	0	0	0	0	0	1	4	5
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	4	14	0	0	0	0	0	0	4	14	18
75 to 84	7	15	0	0	0	0	0	0	7	15	22
85+	6	26	0	0	0	0	0	0	6	26	32
TOTALS	21	61	0	0	0	0	0	0	21	61	82

Presence Our Lady of Vivtory
20 Briarcliff Lane
Bourbonnais, IL. 60914

Classification Numbers

Facility ID	6007009	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	59	0	3	12	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	59	0	3	12	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	3	0	0	0	3
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	15.00
Certified Aides	32.00
Other Health Staff	10.00
Non-Health Staff	23.00
Totals	96.00

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
31.5%	50.8%	0.0%	8.8%	8.9%	100.0%		
2,230,330	3,604,645	0	621,881	632,286	7,089,142	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRESENCE PINEVIEW CARE CENTER
611 ALLEN LANE
St. Charles, IL. 60174

Reference Numbers

Facility ID	6007439	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
AMRIT JACOB

Contact Person and Telephone
AMRIT JACOB
630-482-7433

Registered Agent Information
KATHY CRONIN
18927 HICKORY CREEK DRIVE, SUITE 300
Mokena, IL 60448

Date Questionnaire Completed 4/12/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	80
Total Admissions 2017	312
Total Discharges 2017	330
Residents on 12/31/2017	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	2
Mental Illness	12
Developmental Disability	0
Circulatory System	19
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	110	0	110	62	58	120	60
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	120	110	0	110	62	58	120	60

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5	0.0%	37	0.2%	0	3	15	2	62	0.1%	0.2%
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%
TOTALS	5	0.0%	37	0.2%	0	3	15	2	62	0.1%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	3	1	4
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	2	11	0	0	0	0	0	0	2	11	13
85+	5	28	0	0	0	0	0	0	5	28	33
TOTALS	17	45	0	0	0	0	0	0	17	45	62

PRESENCE PINEVIEW CARE CENTER
611 ALLEN LANE
St. Charles, IL. 60174

Classification Numbers

Facility ID	6007439	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	37	0	3	15	2	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	37	0	3	15	2	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	1	0	0	0	1
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	9.90
LPN's	6.50
Certified Aides	19.90
Other Health Staff	7.10
Non-Health Staff	17.80
Totals	64.20

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
34.7%	26.8%	0.0%	10.8%	27.7%	100.0%		
2,762,064	2,134,510	0	862,332	2,208,678	7,967,584	4,589	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Resurrection Life Center
7370 W Talcott
Chicago, IL. 60631

Reference Numbers

Facility ID	6014575	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 10 - Norwood Park

Administrator
Nancy Razo

Contact Person and Telephone
Nancy Razo
773-594-7804

Registered Agent Information
Kathy Cronin
18927 Hickory Creek Drive Suite 300
Mokena, IL 60448

Date Questionnaire Completed 4/9/2018

Life Care Facility

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	159
Total Admissions 2017	346
Total Discharges 2017	351
Residents on 12/31/2017	154

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	22
Endocrine/Metabolic	160
Blood Disorders	50
*Nervous System Non Alzheimer	81
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	282
Respiratory System	17
Digestive System	50
Genitourinary System Disorders	19
Skin Disorders	12
Musculo-skeletal Disorders	83
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	792

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	157	157	157	157	149	8	122	157
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	5	5	5	5	5	0		
TOTAL BEDS	162	162	162	162	154	8	122	157

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13989	31.4%	24182	42.2%	0	4504	13563	0	56238	98.1%	98.1%
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	1825	0	1825	100.0%	100.0%
TOTALS	13989	31.4%	24182	42.2%	0	4504	15388	0	58063	98.2%	98.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	14	20	0	0	0	0	0	0	14	20	34
85+	21	84	0	0	0	0	0	5	21	89	110
TOTALS	39	110	0	0	0	0	0	5	39	115	154

Presence Resurrection Life Center
7370 W Talcott
Chicago, IL. 60631

Classification Numbers

Facility ID	6014575	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 10 - Norwood Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	45	64	0	15	30	0	154
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	45	64	0	15	30	0	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	147	0	0	5	152
Race Unknown	0	0	0	0	0
Total	147	0	0	5	152

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	147	0	0	5	152
Ethnicity Unknown	0	0	0	0	0
Total	149	0	0	5	154

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	29.04
LPN's	4.17
Certified Aides	55.16
Other Health Staff	27.34
Non-Health Staff	41.10
Totals	160.81

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
42.4%	19.5%	0.0%	11.1%	27.0%	100.0%		
8,104,802	3,737,247	0	2,133,327	5,161,728	19,137,104	5,461	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Resurrection Nursing and Rehab Ctr
1001 N Greenwood Ave
Park Ridge, IL. 60068

Reference Numbers

Facility ID	6007892	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

Administrator
Lisa M. Orzada

Contact Person and Telephone
Lisa M. Orzada
847-685-2805

Registered Agent Information
Michael McConwell
1127 North Oakley, Ste268
Chicago, IL 60622

Date Questionnaire Completed 4/4/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	212
Total Admissions 2017	953
Total Discharges 2017	995
Residents on 12/31/2017	170

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	10
Blood Disorders	22
*Nervous System Non Alzheimer	31
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	35
Digestive System	12
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	170

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	298	240	216	240	170	128	296	232
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	298	240	216	240	170	128	296	232

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15613	14.5%	38755	45.8%	0	6197	11348	0	71913	66.1%	82.1%
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%
TOTALS	15613	14.5%	38755	45.8%	0	6197	11348	0	71913	66.1%	82.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	5	1	0	0	0	0	0	0	5	1	6
60 to 64	6	3	0	0	0	0	0	0	6	3	9
65 to 74	14	8	0	0	0	0	0	0	14	8	22
75 to 84	18	20	0	0	0	0	0	0	18	20	38
85+	16	78	0	0	0	0	0	0	16	78	94
TOTALS	60	110	0	0	0	0	0	0	60	110	170

Presence Resurrection Nursing and Rehab Ctr
1001 N Greenwood Ave
Park Ridge, IL. 60068

Classification Numbers

Facility ID	6007892	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Maine Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	101	0	8	23	5	170
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	101	0	8	23	5	170

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	162	0	0	0	162
Race Unknown	2	0	0	0	2
Total	170	0	0	0	170

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	161	0	0	0	161
Ethnicity Unknown	1	0	0	0	1
Total	170	0	0	0	170

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.30
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	41.50
LPN's	2.10
Certified Aides	66.50
Other Health Staff	28.60
Non-Health Staff	39.20
Totals	182.20

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
44.7%	29.1%	0.0%	12.2%	14.0%	100.0%		
9,752,352	6,349,704	0	2,663,502	3,052,262	21,817,820	411,915	1.9%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Saint Anne Center
4405 Highcrest Road
Rockford, IL. 61107

Reference Numbers

Facility ID	6008817	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Mark F. Fedyk

Contact Person and Telephone
Mark F. Fedyk
815-229-1999

Registered Agent Information
Kathleen Cronin
18929 Hickory Creek Drive, Suite 300
Mokena, IL 60448

Date Questionnaire Completed 4/4/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	120
Total Admissions 2017	891
Total Discharges 2017	885
Residents on 12/31/2017	126

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	3
*Nervous System Non Alzheimer	16
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	27
Digestive System	15
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	24
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	126

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	179	179	145	179	126	53	119	60
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	179	179	145	179	126	53	119	60

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	19039	43.8%	17027	77.7%	0	1300	9306	0	46672	71.4%	71.4%
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%
TOTALS	19039	43.8%	17027	77.7%	0	1300	9306	0	46672	71.4%	71.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	0	0	0	0	0	0	2	4	6
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	5	14	0	0	0	0	0	0	5	14	19
75 to 84	11	16	0	0	0	0	0	0	11	16	27
85+	17	55	0	0	0	0	0	0	17	55	72
TOTALS	35	91	0	0	0	0	0	0	35	91	126

Presence Saint Anne Center
4405 Highcrest Road
Rockford, IL. 61107

Classification Numbers

Facility ID	6008817	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	46	44	0	2	34	0	126
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	46	44	0	2	34	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	0	0	0	0	0
Total	126	0	0	0	126

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	123	0	0	0	123
Ethnicity Unknown	0	0	0	0	0
Total	126	0	0	0	126

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.91
LPN's	18.66
Certified Aides	43.54
Other Health Staff	24.80
Non-Health Staff	24.78
Totals	133.69

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
44.1%	17.0%	0.0%	21.6%	17.3%	100.0%		
6,679,863	2,582,163	0	3,281,590	2,617,588	15,161,204	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Saint Joseph Center
659 E Jefferson Street
Freeport, IL. 61032

Reference Numbers

Facility ID	6008973	
Health Service Area	001	
Planning Service Area	177	Stephenson
County	177	Stephenson County

Administrator
Michelle Lindeman

Contact Person and Telephone
Michelle Lindeman
815-232-6181

Registered Agent Information
Kathleen Cronin
18927 Hickory Creek Drive, Suite 300
Mokena, IL 60448

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	95
Total Admissions 2017	394
Total Discharges 2017	394
Residents on 12/31/2017	95

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	22
Mental Illness	21
Developmental Disability	0
Circulatory System	20
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	7
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	124	124	101	124	95	29	120	94
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	124	124	101	124	95	29	120	94

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3980	9.1%	18749	54.6%	0	2890	9163	0	34782	76.8%	76.8%
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%
TOTALS	3980	9.1%	18749	54.6%	0	2890	9163	0	34782	76.8%	76.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	0	8	0	0	0	0	0	0	0	8	8
75 to 84	7	23	0	0	0	0	0	0	7	23	30
85+	10	45	0	0	0	0	0	0	10	45	55
TOTALS	17	78	0	0	0	0	0	0	17	78	95

Presence Saint Joseph Center
659 E Jefferson Street
Freeport, IL. 61032

Classification Numbers

Facility ID	6008973	
Health Service Area	001	
Planning Service Area	177	Stephenson
County	177	Stephenson County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	50	0	10	22	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	50	0	10	22	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.70
Registered Nurses	5.50
LPN's	15.70
Certified Aides	34.60
Other Health Staff	10.90
Non-Health Staff	21.10
Totals	90.50

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
26.5%	31.0%	0.0%	17.4%	25.1%	100.0%		
2,213,568	2,586,379	0	1,456,230	2,091,324	8,347,501	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence St. Benedict Nursing and Rehab
6930 W? Touhy Ave.
Niles, IL. 60714

Reference Numbers

Facility ID	6008874	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

Administrator
Bernadine Ladra

Contact Person and Telephone
Bernadine Ladra
847-647-0003

Registered Agent Information
Kathleen Cronin
189927 Hickory Creek Dr.
Mokena, IL 60448

Date Questionnaire Completed 4/5/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	97
Total Admissions 2017	342
Total Discharges 2017	356
Residents on 12/31/2017	83

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	5
Blood Disorders	3
*Nervous System Non Alzheimer	5
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	1
Circulatory System	25
Respiratory System	10
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	0	0	98	82	17	99	19
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	99	0	0	98	82	17	99	19

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7421	20.5%	4710	67.9%	0	2526	17397	1371	33425	92.5%	0.0%
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%
TOTALS	7421	20.5%	4710	67.9%	0	2526	17397	1371	33425	92.5%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	0	2
65 to 74	4	2	0	0	0	0	0	0	4	2	6
75 to 84	12	13	0	0	0	0	0	0	12	13	25
85+	10	37	0	0	0	0	0	0	10	37	47
TOTALS	29	53	0	0	0	0	0	0	29	53	82

Presence St. Benedict Nursing and Rehab
6930 W? Touhy Ave.
Niles, IL. 60714

Classification Numbers

Facility ID	6008874	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	13	0	1	43	3	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	13	0	1	43	3	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	1	0	0	0	1
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	15.70
LPN's	3.80
Certified Aides	33.60
Other Health Staff	12.80
Non-Health Staff	22.20
Totals	90.20

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
36.2%	6.2%	0.0%	9.6%	48.0%	100.0%		
4,704,716	799,274	0	1,250,447	6,232,856	12,987,293	80,828	0.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence St. Elizabeth Hospital
1431 N. Claremont
Chicago, IL. 60622

Reference Numbers

Facility ID	6010730	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 24 - West Town

Administrator
Kristen Felker

Contact Person and Telephone
Kristen Felker
312-491-7261

Registered Agent Information
Kathy Cronin
18927 Hickory Creek Drive
Mokena, IL 60448

Date Questionnaire Completed 4/5/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	23
Total Admissions 2017	389
Total Discharges 2017	389
Residents on 12/31/2017	23

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	23

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	28	28	28	28	23	5	28	28
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	28	28	28	28	23	5	28	28

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6212	60.8%	222	2.2%	0	1750	0	0	8184	80.1%	80.1%
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%
TOTALS	6212	60.8%	222	2.2%	0	1750	0	0	8184	80.1%	80.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	3	0	0	0	0	0	0	1	3	4
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	4	4	0	0	0	0	0	0	4	4	8
85+	2	4	0	0	0	0	0	0	2	4	6
TOTALS	8	15	0	0	0	0	0	0	8	15	23

Presence St. Elizabeth Hospital
1431 N. Claremont
Chicago, IL. 60622

Classification Numbers

Facility ID	6010730	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 24 - West Town

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	1	0	5	0	0	23
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	1	0	5	0	0	23

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	20	0	0	0	20
Race Unknown	0	0	0	0	0
Total	23	0	0	0	23

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	11	0	0	0	11
Ethnicity Unknown	0	0	0	0	0
Total	23	0	0	0	23

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.90
LPN's	1.00
Certified Aides	8.00
Other Health Staff	8.40
Non-Health Staff	2.50
Totals	34.80

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRESENCE ST. JOSEPH HOSPITAL
2900 NORTH LAKE SHORE DRIVE
Chicago, IL. 60657

Reference Numbers

Facility ID	6010698	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 6 - Lakeview

Administrator
Mary von Goeben

Contact Person and Telephone
Mary von Goeben
773-665-9142

Registered Agent Information
Kathleen Cronin
18927 Hickory Creek Drive Suite 300
Mokena, IL 60448

Date Questionnaire Completed 4/6/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	25
Total Admissions 2017	636
Total Discharges 2017	642
Residents on 12/31/2017	19

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	19

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	26	26	26	26	19	7	26	0
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	26	26	26	26	19	7	26	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5644	59.5%	0	0.0%	0	1818	0	0	7462	78.6%	78.6%
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%
TOTALS	5644	59.5%	0	0.0%	0	1818	0	0	7462	78.6%	78.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	1	0	0	0	0	0	0	5	1	6
75 to 84	0	2	0	0	0	0	0	0	0	2	2
85+	2	9	0	0	0	0	0	0	2	9	11
TOTALS	7	12	0	0	0	0	0	0	7	12	19

PRESENCE ST. JOSEPH HOSPITAL
2900 NORTH LAKE SHORE DRIVE
Chicago, IL. 60657

Classification Numbers

Facility ID	6010698	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 6 - Lakeview

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	0	0	5	0	0	19
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	0	0	5	0	0	19

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	12	0	0	0	12
Race Unknown	0	0	0	0	0
Total	15	0	0	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	1	0	0	0	1
Ethnicity Unknown	0	0	0	0	0
Total	4	0	0	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.30
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	7.00
Non-Health Staff	7.00
Totals	36.30

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
24.4%	0.0%	0.0%	75.5%	0.1%	100.0%		
11,454,794	0	0	35,399,211	43,520	46,897,525	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Villa Franciscan
210 North Springfield Avenue
Joliet, IL. 60435

Reference Numbers

Facility ID	6012678	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Christopher M. Green

Contact Person and Telephone
Christopher M. Green
815-725-3400

Registered Agent Information

Date Questionnaire Completed 4/11/2018

Life Care Facility

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	126
Total Admissions 2017	1,091
Total Discharges 2017	1,098
Residents on 12/31/2017	119

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	3
*Nervous System Non Alzheimer	7
Alzheimer Disease	10
Mental Illness	13
Developmental Disability	0
Circulatory System	32
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	8
Skin Disorders	4
Musculo-skeletal Disorders	3
Injuries and Poisonings	9
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	119

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	154	154	134	154	119	35	154	38
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	154	154	134	154	119	35	154	38

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	21316	37.9%	12980	93.6%	0	1499	6842	509	43146	76.8%	76.8%
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%
TOTALS	21316	37.9%	12980	93.6%	0	1499	6842	509	43146	76.8%	76.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	7	2	0	0	0	0	0	0	7	2	9
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	12	14	0	0	0	0	0	0	12	14	26
75 to 84	11	20	0	0	0	0	0	0	11	20	31
85+	8	42	0	0	0	0	0	0	8	42	50
TOTALS	40	79	0	0	0	0	0	0	40	79	119

Presence Villa Franciscan
210 North Springfield Avenue
Joliet, IL. 60435

Classification Numbers

Facility ID	6012678	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	46	37	0	14	19	3	119
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	46	37	0	14	19	3	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	0	0	0	0	0
Total	119	0	0	0	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	29.30
LPN's	4.00
Certified Aides	37.80
Other Health Staff	26.30
Non-Health Staff	28.40
Totals	128.80

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
58.1%	11.9%	0.0%	18.3%	11.6%	100.0%		
9,615,176	1,974,013	0	3,031,950	1,924,437	16,545,576	4,906	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Villa Scalabrini
480 N. Wolf Rd
Northlake , IL. 60164

Reference Numbers

Facility ID	6009591	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Proviso Township

Administrator
DaryceFields

Contact Person and Telephone
Daryce Fields
708-562-0040

Registered Agent Information
Michael McConnell
2233 W. Division Street
Chicago, IL 60622

Date Questionnaire Completed 4/12/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	196
Total Admissions 2017	543
Total Discharges 2017	567
Residents on 12/31/2017	172

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	18
Mental Illness	59
Developmental Disability	0
Circulatory System	42
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	6
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	172

Total Residents Diagnosed as Mentally Ill 59

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	229	0	0	229	172	57	201	199
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	229	0	0	229	172	57	201	199

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8596	11.7%	44746	61.6%	0	2656	14845	2190	73033	87.4%	0.0%
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%
TOTALS	8596	11.7%	44746	61.6%	0	2656	14845	2190	73033	87.4%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	1	0	0	0	0	0	0	2	1	3
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	15	30	0	0	0	0	0	0	15	30	45
85+	13	85	0	0	0	0	0	0	13	85	98
TOTALS	40	132	0	0	0	0	0	0	40	132	172

Presence Villa Scalabrini
480 N. Wolf Rd
Northlake , IL. 60164

Classification Numbers

Facility ID	6009591	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Proviso Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	114	0	7	31	6	172
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	114	0	7	31	6	172

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pacific Isl.	0	0	0	0	0
White	139	0	0	0	139
Race Unknown	1	0	0	0	1
Total	162	0	0	0	162

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	162	0	0	0	162
Ethnicity Unknown	1	0	0	0	1
Total	172	0	0	0	172

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.10
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	43.00
LPN's	3.20
Certified Aides	63.70
Other Health Staff	17.00
Non-Health Staff	38.50
Totals	169.50

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
31.2%	39.2%	0.0%	5.7%	24.0%	100.0%		
6,044,437	7,601,563	0	1,097,441	4,651,960	19,395,401	727,764	3.8%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

3/4/2016 Facility discontinued 8 Nursing Care beds; facility now has 229 Nursing Care beds.

1/28/2016 Facility discontinued 16 Nursing Care beds; facility now has 237 Nursing Care beds.

Princeton Rehabiltiation & Health Care Center
255 W 69th Street
Chicago, IL. 60621

Reference Numbers

Facility ID	6012645	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 69 - Gr. Grand Cross

Administrator
Carolyn Perryman-Johnson

Contact Person and Telephone
Chris Kuehn
773-724-6534

Registered Agent Information
Mary Chelotti-Smith
4200 W Peterson Avenue, Suite 102
Chicago, IL 60646

Date Questionnaire Completed 4/6/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	168
Total Admissions 2017	172
Total Discharges 2017	169
Residents on 12/31/2017	171

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	47
Developmental Disability	0
Circulatory System	41
Respiratory System	13
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	171

Total Residents Diagnosed as Mentally Ill 47

Total Residents Reported as Identified Offenders 33

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	225	0	182	0	171	54	225	225
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	225	0	182	0	171	54	225	225

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1554	1.9%	57751	70.3%	467	256	376	365	60769	74.0%	0.0%
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%
TOTALS	1554	1.9%	57751	70.3%	467	256	376	365	60769	74.0%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	16	5	0	0	0	0	0	0	16	5	21
45 to 59	32	8	0	0	0	0	0	0	32	8	40
60 to 64	37	3	0	0	0	0	0	0	37	3	40
65 to 74	29	7	0	0	0	0	0	0	29	7	36
75 to 84	12	3	0	0	0	0	0	0	12	3	15
85+	5	14	0	0	0	0	0	0	5	14	19
TOTALS	131	40	0	0	0	0	0	0	131	40	171

Princeton Rehabiltiation & Health Care Center
255 W 69th Street
Chicago, IL. 60621

Classification Numbers

Facility ID	6012645	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 69 - Gr. Grand Cross

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	159	6	1	2	0	171
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	159	6	1	2	0	171

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	152	0	0	0	152
Hawaiian/Pacific Isl.	0	0	0	0	0
White	17	0	0	0	17
Race Unknown	2	0	0	0	2
Total	171	0	0	0	171

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	169	0	0	0	169
Ethnicity Unknown	0	0	0	0	0
Total	171	0	0	0	171

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.80
LPN's	17.96
Certified Aides	40.18
Other Health Staff	2.39
Non-Health Staff	46.81
Totals	115.14

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
8.8%	88.8%	0.7%	1.3%	0.4%	100.0%		
893,421	9,032,858	69,354	131,420	39,574	10,166,627	56,756	0.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

8/26/2016 Formerly Alden Princeton Rehab & Health Care Center

Providence Healthcare and Rehabilitation Center
3450 Saratoga Avenue
Downers Grove, IL. 60515

Reference Numbers

Facility ID	6007876	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Downers Grove Township

Administrator
Deji Adegoye

Contact Person and Telephone
Deji Adegoye
630-969-2900

Registered Agent Information
Bill DeYoung
18601 North Creek Drive
Tinley Park, IL 60477

Date Questionnaire Completed 3/21/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	70
Total Admissions 2017	665
Total Discharges 2017	644
Residents on 12/31/2017	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	13
Mental Illness	2
Developmental Disability	0
Circulatory System	26
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	12
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	145	101	92	101	91	54	145	46
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	145	101	92	101	91	54	145	46

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10835	20.5%	11569	68.9%	0	3227	5174	0	30805	58.2%	83.6%
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%
TOTALS	10835	20.5%	11569	68.9%	0	3227	5174	0	30805	58.2%	83.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	5	1	0	0	0	0	0	0	5	1	6
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	8	7	0	0	0	0	0	0	8	7	15
75 to 84	11	13	0	0	0	0	0	0	11	13	24
85+	9	34	0	0	0	0	0	0	9	34	43
TOTALS	34	57	0	0	0	0	0	0	34	57	91

Providence Healthcare and Rehabilitation Center
3450 Saratoga Avenue
Downers Grove, IL. 60515

Classification Numbers

Facility ID	6007876	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Downers Grove Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	27	0	10	23	0	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	27	0	10	23	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	3	0	0	0	3
Total	91	0	0	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	5.00
Certified Aides	27.00
Other Health Staff	10.00
Non-Health Staff	21.00
Totals	82.00

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
55.6%	14.6%	0.0%	14.0%	15.9%	100.0%		
6,365,099	1,666,774	0	1,600,521	1,818,101	11,450,495	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Providence Palos Heights
13259 S Central Avenue
Palos Heights , IL. 60463

Reference Numbers

Facility ID	6007843	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

Administrator
Mark Vanderzee

Contact Person and Telephone
Mark Vanderzee
708-239-4919

Registered Agent Information
Bill DeYoung
18601 N Creed Drive
Tinley Park, IL 60477

Date Questionnaire Completed 4/11/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	135
Total Admissions 2017	1,043
Total Discharges 2017	1,026
Residents on 12/31/2017	152

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	0
Circulatory System	31
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	21
Injuries and Poisonings	4
Other Medical Conditions	36
Non-Medical Conditions	23
TOTALS	152

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	193	173	168	173	152	41	145	98
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	193	173	168	173	152	41	145	98

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	20219	38.2%	16423	45.9%	2608	5220	10085	0	54555	77.4%	86.4%
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%
TOTALS	20219	38.2%	16423	45.9%	2608	5220	10085	0	54555	77.4%	86.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	12	14	0	0	0	0	0	0	12	14	26
75 to 84	16	28	0	0	0	0	0	0	16	28	44
85+	14	62	0	0	0	0	0	0	14	62	76
TOTALS	44	108	0	0	0	0	0	0	44	108	152

Providence Palos Heights
13259 S Central Avenue
Palos Heights , IL. 60463

Classification Numbers

Facility ID	6007843	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	52	49	0	15	36	0	152
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	52	49	0	15	36	0	152

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pacific Isl.	0	0	0	0	0
White	128	0	0	0	128
Race Unknown	5	0	0	0	5
Total	152	0	0	0	152

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	145	0	0	0	145
Ethnicity Unknown	5	0	0	0	5
Total	152	0	0	0	152

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.60
Director of Nursing	1.00
Registered Nurses	37.00
LPN's	6.00
Certified Aides	59.00
Other Health Staff	0.00
Non-Health Staff	52.00
Totals	156.60

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
58.1%	15.9%	0.0%	14.0%	12.0%	100.0%		
11,737,106	3,224,238	0	2,832,497	2,422,973	20,216,814	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Quincy Terrace
1233 N 6th Street
Quincy, IL. 62301

Reference Numbers

Facility ID	6007660	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

Administrator
Michelle Smith

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	4
Total Discharges 2017	3
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5150	88.2%	0	0	0	0	5150	88.2%	88.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5150	88.2%	0	0	0	0	5150	88.2%	88.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	4	2	0	0	4	2	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	2	0	0	0	2	0	2
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	6	0	0	10	6	16

Quincy Terrace
1233 N 6th Street
Quincy, IL. 62301

Classification Numbers

Facility ID	6007660	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	84.5%	2.6%	0.0%	12.9%	100.0%		
0	562,504	17,519	0	86,041	666,064	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rachuy House
605 North Main Street
Stockton, IL. 61085

Reference Numbers

Facility ID	6013528	
Health Service Area	001	
Planning Service Area	085	Jo Daviess
County	085	Jo Daviess County

Administrator
Connie Foster

Contact Person and Telephone
Ron Heiderscheit
815-288-6691 ext.269

Registered Agent Information
Jeffrey Stauter
500 Anchor Road
Dixon, IL 61021

Date Questionnaire Completed 4/6/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	0
Total Discharges 2017	1
Residents on 12/31/2017	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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
TOTALS	14

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	0	14	1		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	0	14	1	0	15

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5375	98.2%	0	0	0	0	5375	98.2%	98.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5375	98.2%	0	0	0	0	5375	98.2%	98.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

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

Rachuy House
605 North Main Street
Stockton, IL. 61085

Classification Numbers

Facility ID	6013528	
Health Service Area	001	
Planning Service Area	085	Jo Daviess
County	085	Jo Daviess County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	6.50
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	8.25

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
0.0%	18.5%	77.8%	0.0%	3.7%	100.0%		
0	109,948	463,555	0	22,126	595,629	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Radford Green at Sedgebrook
960 Audubon Way
Lincolnshire, IL. 60069

Reference Numbers

Facility ID	6016356	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Keegan Sawyer

Contact Person and Telephone
Keegan sawyer
847-876-2405

Registered Agent Information

Date Questionnaire Completed 4/13/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	79
Total Admissions 2017	604
Total Discharges 2017	615
Residents on 12/31/2017	68

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	7
Mental Illness	5
Developmental Disability	0
Circulatory System	15
Respiratory System	14
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	8
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	68

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 68

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	84	84	82	84	68	16	84	8
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	84	84	82	84	68	16	84	8

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13282	43.3%	1510	51.7%	0	1051	10821	0	26664	87.0%	87.0%
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%
TOTALS	13282	43.3%	1510	51.7%	0	1051	10821	0	26664	87.0%	87.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64		0	0	0	0	0	0	0		0	
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	12	10	0	0	0	0	0	0	12	10	22
85+	17	26	0	0	0	0	0	0	17	26	43
TOTALS		37	0	0	0	0	0	0		37	

Radford Green at Sedgebrook
960 Audubon Way
Lincolnshire, IL. 60069

Classification Numbers

Facility ID	6016356	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	5	0	2	28	0	68
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	5	0	2	28	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	3.00
Director of Nursing	2.00
Registered Nurses	19.63
LPN's	13.07
Certified Aides	43.33
Other Health Staff	4.00
Non-Health Staff	3.28
Totals	89.31

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
59.2%	1.9%	0.0%	5.2%	33.7%	100.0%		
7,563,798	249,072	0	663,762	4,306,470	12,783,102	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rainbow Beach Care Center
7325 S. Exchange
Chicago , IL. 60649

Reference Numbers

Facility ID	6008734	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 43 - South Shore

Administrator
Jacqueline Gully

Contact Person and Telephone
Jacqueline Gully
773-731-7300

Registered Agent Information
David Aronin
2201Main St.
Evanston, IL 60202

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	164
Total Admissions 2017	128
Total Discharges 2017	129
Residents on 12/31/2017	163

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	159
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
TOTALS	159

Total Residents Diagnosed as Mentally Ill 159

Total Residents Reported as Identified Offenders 42

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	211	211	176	211	159	52	0	211
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	211	211	176	211	159	52	0	211

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	60848	79.0%	0	0	0	0	60848	79.0%	79.0%
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%
TOTALS	0	0.0%	60848	79.0%	0	0	0	0	60848	79.0%	79.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	48	11	0	0	0	0	0	0	48	11	59
45 to 59	31	31	0	0	0	0	0	0	31	31	62
60 to 64	18	10	0	0	0	0	0	0	18	10	28
65 to 74	6	1	0	0	0	0	0	0	6	1	7
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	104	55	0	0	0	0	0	0	104	55	159

Rainbow Beach Care Center
7325 S. Exchange
Chicago , IL. 60649

Classification Numbers

Facility ID	6008734	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 43 - South Shore

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	159	0	0	0	0	159
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	159	0	0	0	0	159

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	133	0	0	0	133
Hawaiian/Pacific Isl.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	159	0	0	0	159

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	151	0	0	0	151
Ethnicity Unknown	0	0	0	0	0
Total	159	0	0	0	159

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.80
LPN's	14.50
Certified Aides	31.90
Other Health Staff	24.70
Non-Health Staff	47.80
Totals	123.70

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	8,141,615	0	0	0	8,141,615	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Randolph County Care Center
312 West Blemont St.
Sparta, IL. 62286

Reference Numbers

Facility ID	6007702	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

Administrator
Michelle Cato

Contact Person and Telephone
Michelle Cato
618-443-4352

Registered Agent Information
Randolph County Board of Commissione
#1 Taylor St.

Date Questionnaire Completed 3/20/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	64
Total Admissions 2017	53
Total Discharges 2017	47
Residents on 12/31/2017	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	5
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	100	75	67	75	69	31	26	100
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	100	75	67	75	69	31	26	100

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1996	21.0%	10510	28.8%	0	148	11906	0	24560	67.3%	89.7%
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%
TOTALS	1996	21.0%	10510	28.8%	0	148	11906	0	24560	67.3%	89.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	9	16	0	0	0	0	0	0	9	16	25
85+	8	31	0	0	0	0	0	0	8	31	39
TOTALS	18	51	0	0	0	0	0	0	18	51	69

Randolph County Care Center
312 West Blemont St.
Sparta, IL. 62286

Classification Numbers

Facility ID	6007702	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	26	0	1	34	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	26	0	1	34	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	5.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	8.00
Certified Aides	33.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	74.00

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
21.4%	34.9%	0.0%	2.5%	41.2%	100.0%		
873,466	1,427,458	0	103,963	1,682,397	4,087,284	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Ravisloe Terrace
18227 Ravisloe
Country Club Hills, IL. 60478

Reference Numbers

Facility ID	6013817	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Rich Township

Administrator
Florencia Rocha

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	6
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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
TOTALS	6

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	0	0	0	4	0	4
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	4	2	0	0	4	2	6

Ravisloe Terrace
18227 Ravisloe
Country Club Hills, IL. 60478

Classification Numbers

Facility ID	6013817	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Rich Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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
0.0%	85.2%	1.4%	0.0%	13.4%	100.0%		
0	392,819	6,321	0	61,669	460,809	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Red Bud Regional Care
35 West South First St.
Red Bud, IL. 62278

Reference Numbers

Facility ID	6007751	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

Administrator
Laura Northway

Contact Person and Telephone
Laura Northway
618-282-5001

Registered Agent Information

Date Questionnaire Completed 4/23/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	93
Total Admissions 2017	86
Total Discharges 2017	97
Residents on 12/31/2017	82

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	33
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	2
Circulatory System	15
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	3
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	82

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	108	94	108	82	33	115	115
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	115	108	94	108	82	33	115	115

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1722	4.1%	12437	29.6%	0	0	11727	0	25886	61.7%	65.7%
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%
TOTALS	1722	4.1%	12437	29.6%	0	0	11727	0	25886	61.7%	65.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	13	14	0	0	0	0	0	0	13	14	27
85+	4	33	0	0	0	0	0	0	4	33	37
TOTALS	26	56	0	0	0	0	0	0	26	56	82

Red Bud Regional Care
35 West South First St.
Red Bud, IL. 62278

Classification Numbers

Facility ID	6007751	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	36	0	0	38	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	36	0	0	38	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	13.00
Certified Aides	33.00
Other Health Staff	15.00
Non-Health Staff	6.00
Totals	80.00

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
17.0%	39.2%	0.0%	3.8%	40.0%	100.0%		
846,686	1,953,921	0	186,889	1,994,902	4,982,398	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Regency Care
2120 West Washington
Springfield, IL. 62702

Reference Numbers

Facility ID	6008239	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Anthony Twardowski

Contact Person and Telephone
Anthony Twardowski
217-793-4880

Registered Agent Information

Date Questionnaire Completed 4/12/2018

Life Care Facility

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	73
Total Admissions 2017	219
Total Discharges 2017	222
Residents on 12/31/2017	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	62
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	70

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	94	0	94	70	29	99	8
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	99	94	0	94	70	29	99	8

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2790	7.7%	2369	81.1%	0	0	21165	0	26324	72.8%	76.7%
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%
TOTALS	2790	7.7%	2369	81.1%	0	0	21165	0	26324	72.8%	76.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	11	37	0	0	0	0	0	0	11	37	48
TOTALS	19	51	0	0	0	0	0	0	19	51	70

Regency Care
2120 West Washington
Springfield, IL. 62702

Classification Numbers

Facility ID	6008239	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	7	0	4	49	0	70
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	7	0	4	49	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	18.00
Certified Aides	39.00
Other Health Staff	12.00
Non-Health Staff	33.00
Totals	109.00

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
24.5%	4.6%	0.0%	0.0%	70.8%	100.0%		
1,835,159	347,451	0	0	5,297,877	7,480,487	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Regency Care of Morris
1095 Twilight Drive
Morris, IL. 60450

Reference Numbers

Facility ID	6011381	
Health Service Area	009	
Planning Service Area	063	Grundy
County	063	Grundy County

Administrator
Andrew Beyers

Contact Person and Telephone
Valerie B. McCormick
828-381-3139

Registered Agent Information
Capitol Corporate Services, Inc
1315 W. Lawrence Avenue
Springfield, IL 62704

Date Questionnaire Completed 4/23/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	81
Total Admissions 2017	244
Total Discharges 2017	264
Residents on 12/31/2017	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	3
*Nervous System Non Alzheimer	8
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	9
Digestive System	5
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	123	123	100	123	61	62	123	99
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	123	123	100	123	61	62	123	99

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4477	10.0%	10343	28.6%	566	0	10337	0	25723	57.3%	57.3%
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%
TOTALS	4477	10.0%	10343	28.6%	566	0	10337	0	25723	57.3%	57.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	2	3	5
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	8	5	0	0	0	0	0	0	8	5	13
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	4	20	0	0	0	0	0	0	4	20	24
TOTALS	21	40	0	0	0	0	0	0	21	40	61

Regency Care of Morris
1095 Twilight Drive
Morris, IL. 60450

Classification Numbers

Facility ID	6011381	
Health Service Area	009	
Planning Service Area	063	Grundy
County	063	Grundy County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	28	14	0	13	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	28	14	0	13	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	1	0	0	0	1
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	1	0	0	0	1
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	13.00
Certified Aides	29.00
Other Health Staff	1.00
Non-Health Staff	17.00
Totals	68.00

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
35.9%	26.6%	6.0%	0.0%	31.5%	100.0%		
2,302,835	1,708,911	385,265	0	2,021,687	6,418,698	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Regency Care of Sterling
612 West St Mary's Street
Sterling, IL. 61081

Reference Numbers

Facility ID	6011373	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

Administrator
Jennifer Dunk

Contact Person and Telephone
Valerie B. McCormick
828-381-3139

Registered Agent Information
Capitol Corporate Services, Inc
1315 W. Lawrence Avenue
Springfield, IL 62704

Date Questionnaire Completed 4/23/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	82
Total Admissions 2017	321
Total Discharges 2017	317
Residents on 12/31/2017	86

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	0
Circulatory System	22
Respiratory System	12
Digestive System	9
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	86

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	130	130	110	130	86	44	130	102
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	130	130	110	130	86	44	130	102

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5053	10.6%	10216	27.4%	336	0	10783	0	26388	55.6%	55.6%
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%
TOTALS	5053	10.6%	10216	27.4%	336	0	10783	0	26388	55.6%	55.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	3	0	0	0	0	0	0	4	3	7
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	5	19	0	0	0	0	0	0	5	19	24
85+	10	30	0	0	0	0	0	0	10	30	40
TOTALS	26	60	0	0	0	0	0	0	26	60	86

Regency Care of Sterling
612 West St Mary's Street
Sterling, IL. 61081

Classification Numbers

Facility ID	6011373	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	35	11	0	21	0	86
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	35	11	0	21	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	17.00
Certified Aides	32.00
Other Health Staff	5.00
Non-Health Staff	24.00
Totals	84.00

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
38.5%	25.2%	6.0%	0.0%	30.3%	100.0%		
2,454,279	1,607,100	381,389	0	1,931,286	6,374,054	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Renaissance Care Center
1675 East Ash St
Canton, IL. 61520

Reference Numbers

Facility ID	6006712	
Health Service Area	002	
Planning Service Area	057	Fulton
County	057	Fulton County

Administrator
Martha Jones

Contact Person and Telephone
Martha Jones
309-647-5631

Registered Agent Information

Date Questionnaire Completed 3/5/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	47
Total Admissions 2017	153
Total Discharges 2017	123
Residents on 12/31/2017	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	7
Mental Illness	19
Developmental Disability	0
Circulatory System	9
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 56

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	89	78	89	77	43	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	89	78	89	77	43	120	120

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3024	6.9%	14120	32.2%	0	0	4017	0	21161	48.3%	65.1%
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%
TOTALS	3024	6.9%	14120	32.2%	0	0	4017	0	21161	48.3%	65.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	2	0	0	0	0	0	0	4	2	6
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	10	18	0	0	0	0	0	0	10	18	28
85+	2	21	0	0	0	0	0	0	2	21	23
TOTALS	26	51	0	0	0	0	0	0	26	51	77

Renaissance Care Center
1675 East Ash St
Canton, IL. 61520

Classification Numbers

Facility ID	6006712	
Health Service Area	002	
Planning Service Area	057	Fulton
County	057	Fulton County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	54	0	0	13	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	54	0	0	13	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	5.00
Certified Aides	25.00
Other Health Staff	3.00
Non-Health Staff	24.00
Totals	69.00

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
24.0%	62.3%	0.0%	0.0%	13.7%	100.0%		
979,636	2,543,445	0	0	556,965	4,080,046	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Renaissance Care Center - DD
1675 East Ash Street
Canton, IL. 61520

Reference Numbers

Facility ID	6016083	
Health Service Area	002	
Planning Service Area	057	Fulton
County	057	Fulton County

Administrator
Martha Jones

Contact Person and Telephone
Martha Jones
309-647-5631

Registered Agent Information

Date Questionnaire Completed 3/19/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	61
Total Admissions 2017	7
Total Discharges 2017	6
Residents on 12/31/2017	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	60
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
TOTALS	60

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	70	70	66	70	62	8		70
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	70	70	66	70	62	8	0	70

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			62	0.2%	0	0	0	0	62	0.2%	0.2%
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%
TOTALS	0	0.0%	62	0.2%	0	0	0	0	62	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	4	3	0	0	0	0	4	3	7
18 to 44	0	0	19	20	0	0	0	0	19	20	39
45 to 59	0	0	4	5	0	0	0	0	4	5	9
60 to 64	0	0	4	1	0	0	0	0	4	1	5
65 to 74	0	0	1	1	0	0	0	0	1	1	2
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
TOTALS	0	0	32	30	0	0	0	0	32	30	62

Renaissance Care Center - DD
1675 East Ash Street
Canton, IL. 61520

Classification Numbers

Facility ID	6016083	
Health Service Area	002	
Planning Service Area	057	Fulton
County	057	Fulton County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	62	0	0	0	0	62
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	62	0	0	0	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	1	0	0	1
American Indian	0	0	0	0	0
Black	0	30	0	0	30
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	29	0	0	29
Race Unknown	0	0	0	0	0
Total	0	60	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	2	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	2	0	0	2

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	7.00
Certified Aides	27.00
Other Health Staff	8.00
Non-Health Staff	7.00
Totals	59.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	38,743,664	0	0	0	38,743,664	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rest Haven Manor, Inc.
120 West main Street
Albion, IL. 62806

Reference Numbers

Facility ID	6007850	
Health Service Area	005	
Planning Service Area	047	Edwards/Wabash
County	047	Edwards County

Administrator
Jane Ann Harris

Contact Person and Telephone
Jane Ann Harris
618-445-2815

Registered Agent Information
Roscoe Cunningham
11th and State
Lawrencevile, IL 62439

Date Questionnaire Completed 4/11/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	27
Total Admissions 2017	8
Total Discharges 2017	12
Residents on 12/31/2017	23

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	23

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	39	39	27	39	23	16	0	39
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	39	39	27	39	23	16	0	39

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	3357	23.6%	25	0	4693	0	8075	56.7%	56.7%
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%
TOTALS	0	0.0%	3357	23.6%	25	0	4693	0	8075	56.7%	56.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	0	5	0	0	0	0	0	0	0	5	5
85+	7	10	0	0	0	0	0	0	7	10	17
TOTALS	8	15	0	0	0	0	0	0	8	15	23

Rest Haven Manor, Inc.
120 West main Street
Albion, IL. 62806

Classification Numbers

Facility ID	6007850	
Health Service Area	005	
Planning Service Area	047	Edwards/Wabash
County	047	Edwards County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	10	0	0	13	0	23
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	10	0	0	13	0	23

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	23	0	0	0	23
Race Unknown	0	0	0	0	0
Total	23	0	0	0	23

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	23	0	0	0	23
Ethnicity Unknown	0	0	0	0	0
Total	23	0	0	0	23

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.50
LPN's	1.50
Certified Aides	8.00
Other Health Staff	2.00
Non-Health Staff	14.00
Totals	32.00

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
0.0%	29.6%	0.0%	0.0%	70.4%	100.0%		
0	308,811	0	0	735,675	1,044,486	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Resthave Home - Whiteside County
408 Maple Avenue
Morrison, IL. 61270

Reference Numbers

Facility ID	6007884	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

Administrator
Jill Smith

Contact Person and Telephone
Mary Burgess
815-772-4021

Registered Agent Information
Tami Tegeler
408 Maple Avenue
Morrison, IL 61270

Date Questionnaire Completed 4/2/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	59
Total Admissions 2017	73
Total Discharges 2017	72
Residents on 12/31/2017	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	7
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	70	70	64	70	60	10	0	49
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	70	70	64	70	60	10	0	49

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1004	0.0%	10072	56.3%	0	20	10031	0	21127	82.7%	82.7%
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%
TOTALS	1004	0.0%	10072	56.3%	0	20	10031	0	21127	82.7%	82.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	0	1	1
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	4	7	0	0	0	0	0	0	4	7	11
85+	16	27	0	0	0	0	0	0	16	27	43
TOTALS	22	38	0	0	0	0	0	0	22	38	60

Resthave Home - Whiteside County
408 Maple Avenue
Morrison, IL. 61270

Classification Numbers

Facility ID	6007884	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	30	0	0	26	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	30	0	0	26	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.30
LPN's	11.00
Certified Aides	26.60
Other Health Staff	22.00
Non-Health Staff	16.00
Totals	82.90

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
11.9%	34.6%	0.0%	0.2%	53.2%	100.0%		
451,091	1,309,887	0	8,200	2,012,996	3,782,174	39,066	1.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rice House
6300 N. Ridge Ave.
Chicago, IL. 60660

Reference Numbers

Facility ID	6013247	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Kristin Nichols

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Date Questionnaire Completed 3/28/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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
TOTALS	12

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	######	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	######	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	11	0	0	0	11	11
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	0	12	0	0	0	12	12

Rice House
6300 N. Ridge Ave.
Chicago, IL. 60660

Classification Numbers

Facility ID	6013247	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.22
Physicians	0.09
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	10.41
Other Health Staff	3.40
Non-Health Staff	0.23
Totals	14.46

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
85.5%	0.0%	0.0%	0.0%	14.5%	100.0%		
644,085	0	0	0	109,168	753,253	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Richland Memorial Hospital-LTC
800 E. Locust St.
Olney, IL. 62450

Reference Numbers

Facility ID	6010581	
Health Service Area	005	
Planning Service Area	159	Richland
County	159	Richland County

Administrator
Georgia Vaupel

Contact Person and Telephone
Georgia Vaupel
618-395-2131 Ext 4336

Registered Agent Information

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	28
Total Admissions 2017	172
Total Discharges 2017	172
Residents on 12/31/2017	28

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	28

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	34	34	34	34	28	6	14	0
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	34	34	34	34	28	6	14	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3332	65.2%	0	0.0%	0	0	5741	0	9073	73.1%	73.1%
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%
TOTALS	3332	65.2%	0	0.0%	0	0	5741	0	9073	73.1%	73.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	6	14	0	0	0	0	0	0	6	14	20
TOTALS	10	18	0	0	0	0	0	0	10	18	28

Richland Memorial Hospital-LTC
800 E. Locust St.
Olney, IL. 62450

Classification Numbers

Facility ID	6010581	
Health Service Area	005	
Planning Service Area	159	Richland
County	159	Richland County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	0	0	0	15	0	28
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	0	0	0	15	0	28

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	28	0	0	0	28
Race Unknown	0	0	0	0	0
Total	28	0	0	0	28

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	28	0	0	0	28
Ethnicity Unknown	0	0	0	0	0
Total	28	0	0	0	28

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.20
LPN's	0.90
Certified Aides	12.80
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	26.90

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
46.9%	0.0%	0.0%	0.6%	52.5%	100.0%		
1,006,497	0	0	12,093	1,127,718	2,146,308	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Ridge Terrace
2911 Highlandview Drive
Freeport, IL. 61032

Reference Numbers

Facility ID	6010847	
Health Service Area	001	
Planning Service Area	177	Stephenson
County	177	Stephenson County

Administrator
Renea Noordhoff

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	3
Total Discharges 2017	3
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5604	96.0%	0	0	0	0	5604	96.0%	96.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5604	96.0%	0	0	0	0	5604	96.0%	96.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	2	0	0	3	2	5
45 to 59	0	0	0	0	3	5	0	0	3	5	8
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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
TOTALS	0	0	0	0	6	10	0	0	6	10	16

Ridge Terrace
2911 Highlandview Drive
Freeport, IL. 61032

Classification Numbers

Facility ID	6010847	
Health Service Area	001	
Planning Service Area	177	Stephenson
County	177	Stephenson County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	80.9%	1.0%	0.0%	18.1%	100.0%		
0	597,322	7,301	0	133,339	737,962	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Ridgeview Care Center
413 Ridge Lane
Oblong, IL. 62449

Reference Numbers

Facility ID	6007942	
Health Service Area	005	
Planning Service Area	033	Crawford
County	033	Crawford County

Administrator
Sarah Griesemer

Contact Person and Telephone
Sarah Griesemer
618-592-4228

Registered Agent Information
Sarah B Griesemer
6080 State Riute 250
Summer, IL 62466

Date Questionnaire Completed 4/16/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	45
Total Admissions 2017	109
Total Discharges 2017	102
Residents on 12/31/2017	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	16
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	55	55	54	55	52	3	10	50
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	55	55	54	55	52	3	10	50

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1803	49.4%	7790	42.7%	0	71	8013	0	17677	88.1%	88.1%
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%
TOTALS	1803	49.4%	7790	42.7%	0	71	8013	0	17677	88.1%	88.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	3	25	0	0	0	0	0	0	3	25	28
85+	5	17	0	0	0	0	0	0	5	17	22
TOTALS	8	44	0	0	0	0	0	0	8	44	52

Ridgeview Care Center
413 Ridge Lane
Oblong, IL. 62449

Classification Numbers

Facility ID	6007942	
Health Service Area	005	
Planning Service Area	033	Crawford
County	033	Crawford County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	23	0	1	25	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	23	0	1	25	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	52	0	0	0	52
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.25
LPN's	5.00
Certified Aides	24.89
Other Health Staff	1.00
Non-Health Staff	7.78
Totals	43.92

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
20.1%	32.0%	0.0%	2.9%	45.0%	100.0%		
552,914	878,811	0	78,664	1,235,232	2,745,621	33,376	1.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RIDGEVIEW REHABILITATION & NURSING
6450 NORTH RIDGE BLVD
Chicago, IL. 60626

Reference Numbers

Facility ID	6003453	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

Administrator
Debra Brown

Contact Person and Telephone
Debra Brown
773-743-8700

Registered Agent Information
Abraham Stein
191 North Wacker Drive
Chicago, IL 60606

Date Questionnaire Completed 4/12/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	115
Total Admissions 2017	88
Total Discharges 2017	91
Residents on 12/31/2017	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	67
Developmental Disability	0
Circulatory System	10
Respiratory System	6
Digestive System	7
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 67

Total Residents Reported as Identified Offenders 21

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	136	136	136	136	112	24	110	136
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	136	136	136	136	112	24	110	136

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3138	7.8%	35937	72.4%	2116	0	132	0	41323	83.2%	83.2%
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%
TOTALS	3138	7.8%	35937	72.4%	2116	0	132	0	41323	83.2%	83.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	3	0	0	0	0	0	0	4	3	7
45 to 59	19	14	0	0	0	0	0	0	19	14	33
60 to 64	14	4	0	0	0	0	0	0	14	4	18
65 to 74	23	14	0	0	0	0	0	0	23	14	37
75 to 84	6	6	0	0	0	0	0	0	6	6	12
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	68	44	0	0	0	0	0	0	68	44	112

RIDGEVIEW REHABILITATION & NURSING
6450 NORTH RIDGE BLVD
Chicago, IL. 60626

Classification Numbers

Facility ID	6003453	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	99	4	0	1	0	112
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	99	4	0	1	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	42	0	0	0	42
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	110	0	0	0	110

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	19.00
Certified Aides	34.00
Other Health Staff	4.00
Non-Health Staff	39.00
Totals	102.00

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
17.0%	75.5%	5.7%	0.0%	1.8%	100.0%		
1,231,519	5,463,643	409,723	0	133,589	7,238,474	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

River Court
760 E River
Kankakee, IL. 60901

Reference Numbers

Facility ID	6013718	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Amanda Ruff

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	4
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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
TOTALS	4

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1460	######	0	0	0	0	1460	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	######	0	0	0	0	1460	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	0	4	0	0	0	4	4

River Court
760 E River
Kankakee, IL. 60901

Classification Numbers

Facility ID	6013718	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	2	0	2
Race Unknown	0	0	1	0	1
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	3	0	3
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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
0.0%	91.2%	2.7%	0.0%	6.0%	100.0%		
0	314,313	9,408	0	20,786	344,507	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RIVER NORTH OF BRADLEY HEALTH AND REHAB
650 NORTH KINZIE AVENUE
Bradley, IL. 60915

Reference Numbers

Facility ID	6001085	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Clarence E Boykin

Contact Person and Telephone
Clarence E Boykin
708-267-3013

Registered Agent Information

Date Questionnaire Completed 5/9/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	81
Total Admissions 2017	239
Total Discharges 2017	231
Residents on 12/31/2017	89

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	3
Developmental Disability	0
Circulatory System	20
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	71

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	86	120	86	34	67	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	86	120	86	34	67	120

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11	0.0%	66	0.2%	1	0	8	0	86	0.2%	0.2%
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%
TOTALS	11	0.0%	66	0.2%	1	0	8	0	86	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	25	0	0	0	0	0	0	0	25	25
65 to 74	8	30	0	0	0	0	0	0	8	30	38
75 to 84	12	8	0	0	0	0	0	0	12	8	20
85+	2	0	0	0	0	0	0	0	2	0	2
TOTALS	23	63	0	0	0	0	0	0	23	63	86

RIVER NORTH OF BRADLEY HEALTH AND REHAB
650 NORTH KINZIE AVENUE
Bradley, IL. 60915

Classification Numbers

Facility ID	6001085	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	66	1	0	8	0	86
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	66	1	0	8	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	5.00
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	56.00

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
43.6%	39.1%	6.3%	3.9%	7.1%	100.0%		
3,386,406	3,040,655	487,033	301,461	553,876	7,769,431	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

River View Rehab Center
50 N. Jane Drive
Elgin, IL. 60123

Reference Numbers

Facility ID	6004758	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Arshad Rahman

Contact Person and Telephone
Arshad Rahman
847-697-3750

Registered Agent Information

Date Questionnaire Completed 4/12/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	169
Total Admissions 2017	81
Total Discharges 2017	83
Residents on 12/31/2017	167

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	36
Blood Disorders	0
*Nervous System Non Alzheimer	18
Alzheimer Disease	42
Mental Illness	33
Developmental Disability	0
Circulatory System	8
Respiratory System	42
Digestive System	0
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	203

Total Residents Diagnosed as Mentally Ill 68

Total Residents Reported as Identified Offenders 17

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	203	179	203	167	36	203	203
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	203	203	179	203	167	36	203	203

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2506	3.4%	55998	75.6%	2106	106	811	0	61527	83.0%	83.0%
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%
TOTALS	2506	3.4%	55998	75.6%	2106	106	811	0	61527	83.0%	83.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	0	0	0	0	0	0	3	1	4
45 to 59	32	27	0	0	0	0	0	0	32	27	59
60 to 64	23	13	0	0	0	0	0	0	23	13	36
65 to 74	23	20	0	0	0	0	0	0	23	20	43
75 to 84	10	8	0	0	0	0	0	0	10	8	18
85+	0	7	0	0	0	0	0	0	0	7	7
TOTALS	91	76	0	0	0	0	0	0	91	76	167

River View Rehab Center
50 N. Jane Drive
Elgin, IL. 60123

Classification Numbers

Facility ID	6004758	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	157	0	0	2	0	167
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	157	0	0	2	0	167

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	147	0	0	0	147
Race Unknown	0	0	0	0	0
Total	167	0	0	0	167

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	159	0	0	0	159
Ethnicity Unknown	0	0	0	0	0
Total	167	0	0	0	167

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	16.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	8.00
Certified Aides	52.00
Other Health Staff	0.00
Non-Health Staff	55.00
Totals	153.00

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
18.1%	76.9%	2.9%	0.6%	1.5%	100.0%		
1,845,461	7,836,083	295,185	59,364	152,100	10,188,193	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Riverside Foundation
14588 W. Highway 22
Lincolnshire, IL. 60069

Reference Numbers

Facility ID	6008023	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Deborah Rogers

Contact Person and Telephone
Deborah Rogers
847-634-3973 ext. 214

Registered Agent Information
Deborah L. Rogers
927 Shoreline Road
Lake Barrington, IL 60010

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	96
Total Admissions 2017	8
Total Discharges 2017	10
Residents on 12/31/2017	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	94
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
TOTALS	94

Total Residents Diagnosed as Mentally Ill 36

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	97	97	95	97	94	3		97
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	97	97	95	97	94	3	0	97

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			34776	98.2%	0	0	0	0	34776	98.2%	98.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	34776	98.2%	0	0	0	0	34776	98.2%	98.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	7	16	0	0	7	16	23
45 to 59	0	0	0	0	11	20	0	0	11	20	31
60 to 64	0	0	0	0	4	9	0	0	4	9	13
65 to 74	0	0	0	0	12	8	0	0	12	8	20
75 to 84	0	0	0	0	4	3	0	0	4	3	7
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	38	56	0	0	38	56	94

Riverside Foundation
14588 W. Highway 22
Lincolnshire, IL. 60069

Classification Numbers

Facility ID	6008023	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		94	0	0	0	0	94
Sheltered Care			0	0	0	0	0
TOTALS	0	94	0	0	0	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	4	0	4
American Indian	0	0	0	0	0
Black	0	0	8	0	8
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	81	0	81
Race Unknown	0	0	0	0	0
Total	0	0	94	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	2	0	2

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	1.10
Certified Aides	0.00
Other Health Staff	10.70
Non-Health Staff	89.20
Totals	110.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	4,568,431	0	0	0	4,568,431	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Robings Manor Nursing Home
502 North Main Street
Brighton, IL. 62012

Reference Numbers

Facility ID	6008072	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

Administrator
Adrianna Patrick

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/16/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	54
Total Admissions 2017	20
Total Discharges 2017	19
Residents on 12/31/2017	55

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	17
Mental Illness	6
Developmental Disability	1
Circulatory System	11
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	2
TOTALS	55

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	75	75	60	75	55	20	32	75
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	75	75	60	75	55	20	32	75

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	765	6.5%	17954	65.6%	0	0	1525	0	20244	74.0%	74.0%
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%
TOTALS	765	6.5%	17954	65.6%	0	0	1525	0	20244	74.0%	74.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	5	3	8
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	2	8	0	0	0	0	0	0	2	8	10
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	5	17	0	0	0	0	0	0	5	17	22
TOTALS	19	36	0	0	0	0	0	0	19	36	55

Robings Manor Nursing Home
502 North Main Street
Brighton, IL. 62012

Classification Numbers

Facility ID	6008072	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	47	0	0	7	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	47	0	0	7	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	23.00
Other Health Staff	6.00
Non-Health Staff	19.00
Totals	59.00

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
6.4%	85.8%	0.0%	0.1%	7.7%	100.0%		
178,403	2,390,708	0	3,050	215,123	2,787,284	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rochelle Gardens Care Center
1021 N. Caron Rd.
Rochelle, IL. 61068

Reference Numbers

Facility ID	6008098	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

Administrator
Georg Svec

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/20/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	63
Total Admissions 2017	22
Total Discharges 2017	40
Residents on 12/31/2017	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	51
Developmental Disability	1
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
TOTALS	56

Total Residents Diagnosed as Mentally Ill 53

Total Residents Reported as Identified Offenders 9

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	74	74	56	74	56	18	0	74
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	74	74	56	74	56	18	0	74

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	337	0.0%	20340	75.3%	0	0	245	0	20922	77.5%	77.5%
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%
TOTALS	337	0.0%	20340	75.3%	0	0	245	0	20922	77.5%	77.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	2	0	0	0	0	0	0	4	2	6
45 to 59	10	13	0	0	0	0	0	0	10	13	23
60 to 64	5	7	0	0	0	0	0	0	5	7	12
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	4	1	0	0	0	0	0	0	4	1	5
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	26	30	0	0	0	0	0	0	26	30	56

Rochelle Gardens Care Center
1021 N. Caron Rd.
Rochelle, IL. 61068

Classification Numbers

Facility ID	6008098	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	52	0	0	3	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	52	0	0	3	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	3	0	0	0	3
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	1	0	0	0	1
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	2.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	48.00

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
1.8%	89.9%	0.0%	0.0%	8.3%	100.0%		
43,756	2,203,415	0	0	203,761	2,450,932	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rochelle Rehabiliation and Health Care Center
900 N. 3rd St.
Rochelle , IL. 61068

Reference Numbers

Facility ID	6008106	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

Administrator
Jason Stewart

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/20/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	36
Total Admissions 2017	77
Total Discharges 2017	80
Residents on 12/31/2017	33

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	1
Circulatory System	1
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	33

Total Residents Diagnosed as Mentally Ill 17

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	50	50	41	50	33	17	50	50
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	50	50	41	50	33	17	50	50

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1233	6.8%	8506	46.6%	0	43	3030	0	12812	70.2%	70.2%
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%
TOTALS	1233	6.8%	8506	46.6%	0	43	3030	0	12812	70.2%	70.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	7	5	0	0	0	0	0	0	7	5	12
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	19	14	0	0	0	0	0	0	19	14	33

Rochelle Rehabiliation and Health Care Center
900 N. 3rd St.
Rochelle , IL. 61068

Classification Numbers

Facility ID	6008106	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	21	0	0	8	0	33
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	21	0	0	8	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	0	0	0	0	0
Total	33	0	0	0	33

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	33	0	0	0	33
Ethnicity Unknown	0	0	0	0	0
Total	33	0	0	0	33

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	4.00
Certified Aides	14.00
Other Health Staff	1.00
Non-Health Staff	12.00
Totals	36.00

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
11.0%	63.4%	0.0%	1.3%	24.2%	100.0%		
213,416	1,224,518	0	26,027	467,644	1,931,605	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rock Falls Rehab & HCC
430 Martin Road
Rock Falls, IL. 61071

Reference Numbers

Facility ID	6008114	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

Administrator
Margarita Cornejo

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/19/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	23
Total Admissions 2017	25
Total Discharges 2017	25
Residents on 12/31/2017	23

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	1
Developmental Disability	1
Circulatory System	2
Respiratory System	8
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
TOTALS	23

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	57	57	23	57	23	34	0	57
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	57	57	23	57	23	34	0	57

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	491	0.0%	7705	37.0%	0	105	1081	0	9382	45.1%	45.1%
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%
TOTALS	491	0.0%	7705	37.0%	0	105	1081	0	9382	45.1%	45.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	5	3	8
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	1	0	0	0	0	0	0	0	1	0	1
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	12	11	0	0	0	0	0	0	12	11	23

Rock Falls Rehab & HCC
430 Martin Road
Rock Falls, IL. 61071

Classification Numbers

Facility ID	6008114	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	15	5	1	2	0	23
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	15	5	1	2	0	23

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	23	0	0	0	23
Race Unknown	0	0	0	0	0
Total	23	0	0	0	23

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	23	0	0	0	23
Total	23	0	0	0	23

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	2.00
Certified Aides	6.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	22.00

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
6.6%	78.8%	0.0%	4.6%	10.0%	100.0%		
93,086	1,110,837	0	64,593	141,575	1,410,091	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rock River Gardens
3601 16th Avenue

Reference Numbers

Facility ID	6002695	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

Administrator
Angela Mehlbrech

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/14/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	59
Total Admissions 2017	55
Total Discharges 2017	50
Residents on 12/31/2017	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	64
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
TOTALS	64

Total Residents Diagnosed as Mentally Ill 64

Total Residents Reported as Identified Offenders 13

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	70	70	66	70	64	6	0	70
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	70	70	66	70	64	6	0	70

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	22214	86.9%	0	0	162	0	22376	87.6%	87.6%
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%
TOTALS	0	0.0%	22214	86.9%	0	0	162	0	22376	87.6%	87.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	13	16	0	0	0	0	0	0	13	16	29
45 to 59	7	15	0	0	0	0	0	0	7	15	22
60 to 64	1	7	0	0	0	0	0	0	1	7	8
65 to 74	2	2	0	0	0	0	0	0	2	2	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
TOTALS	24	40	0	0	0	0	0	0	24	40	64

Rock River Gardens
3601 16th Avenue

Classification Numbers

Facility ID	6002695	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	63	0	0	1	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	63	0	0	1	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	4.00
Certified Aides	14.00
Other Health Staff	11.00
Non-Health Staff	7.00
Totals	41.00

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
0.0%	99.2%	0.0%	0.0%	0.8%	100.0%		
0	2,158,397	0	0	17,669	2,176,066	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rock River Healthcare
707 West Riverside Blvd
Rockford, IL. 61103

Reference Numbers

Facility ID	6008049	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Kirk Hoda

Contact Person and Telephone
Kirk Hoda
815-877-5752

Registered Agent Information
Aaron Rokach
4711 Golf Rd Ste 200
Skokie, IL 60076

Date Questionnaire Completed 4/11/2018

Continuing Care Retirement Community

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	66
Total Admissions 2017	96
Total Discharges 2017	96
Residents on 12/31/2017	66

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	14
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	66

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 8

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	130	130	74	130	66	64	69	130
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	130	130	74	130	66	64	69	130

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1999	7.9%	20571	43.4%	1865	163	244	0	24842	52.4%	52.4%
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%
TOTALS	1999	7.9%	20571	43.4%	1865	163	244	0	24842	52.4%	52.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	13	7	0	0	0	0	0	0	13	7	20
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	11	11	0	0	0	0	0	0	11	11	22
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	2	2	0	0	0	0	0	0	2	2	4
TOTALS	38	28	0	0	0	0	0	0	38	28	66

Rock River Healthcare
707 West Riverside Blvd
Rockford, IL. 61103

Classification Numbers

Facility ID	6008049	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	53	9	0	0	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	53	9	0	0	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	0	66

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	17.00
Other Health Staff	3.00
Non-Health Staff	27.00
Totals	60.00

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
24.0%	67.2%	6.1%	1.7%	1.0%	100.0%		
1,155,772	3,238,321	291,763	80,863	50,086	4,816,805	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rockton Court
2615 N. Rockton Ave.
Rockford, IL. 61101

Reference Numbers

Facility ID	6013841	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Kathy Starr

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	5
Total Admissions 2017	2
Total Discharges 2017	1
Residents on 12/31/2017	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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
TOTALS	6

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1858	84.8%	0	0	0	0	1858	84.8%	84.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1858	84.8%	0	0	0	0	1858	84.8%	84.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	1	0	0	0	1	1
45 to 59	0	0	0	0	0	4	0	0	0	4	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	0	6	0	0	0	6	6

Rockton Court
2615 N. Rockton Ave.
Rockford, IL. 61101

Classification Numbers

Facility ID	6013841	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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
0.0%	81.1%	2.3%	0.0%	16.5%	100.0%		
0	291,837	8,401	0	59,427	359,665	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rolling Hills Manor
3615 16th St.
Zion, IL. 60099

Reference Numbers

Facility ID	6008163	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Scott Myers

Contact Person and Telephone
Jama R Girona
847-379-8282

Registered Agent Information

Date Questionnaire Completed 3/22/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	111
Total Admissions 2017	593
Total Discharges 2017	607
Residents on 12/31/2017	97

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	9
Mental Illness	28
Developmental Disability	1
Circulatory System	10
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	7
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	97

Total Residents Diagnosed as Mentally Ill 97

Total Residents Reported as Identified Offenders 97

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	0	0	0	97	18	115	87
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	115	0	0	0	97	18	115	87

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10505	25.0%	0	0.0%	14994	1023	11953	0	38475	91.7%	0.0%
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%
TOTALS	10505	25.0%	0	0.0%	14994	1023	11953	0	38475	91.7%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	7	20	0	0	0	0	0	0	7	20	27
85+	14	48	0	0	0	0	0	0	14	48	62
TOTALS	25	72	0	0	0	0	0	0	25	72	97

Rolling Hills Manor
3615 16th St.
Zion, IL. 60099

Classification Numbers

Facility ID	6008163	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	38	0	0	33	0	97
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	38	0	0	33	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.33
Physicians	0.00
Director of Nursing	1.33
Registered Nurses	23.12
LPN's	18.07
Certified Aides	68.74
Other Health Staff	19.64
Non-Health Staff	70.80
Totals	203.03

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
38.0%	17.0%	0.0%	43.0%	2.0%	100.0%		
4,404,584	1,971,814	0	4,987,529	231,987	11,595,914	180,000	1.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSARY HILL HOME
9000 WEST 81ST STREET
Justice, IL. 60458

Reference Numbers

Facility ID	6008247	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lyons Township

Administrator
Sister Natalie Z Pekala, OP

Contact Person and Telephone
Sister Natalie Z Pekala, OP
708-458-3040

Registered Agent Information

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
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	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	59
Total Admissions 2017	16
Total Discharges 2017	21
Residents on 12/31/2017	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	54

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	29	29	29	29	23	6	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	31	31	31	31	31	0		
TOTAL BEDS	60	60	60	60	54	6	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	10220	108	10328	97.6%	97.6%
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	9490	204	9694	85.7%	85.7%
TOTALS	0	0.0%	0	0.0%	0	0	19710	312	20022	91.4%	91.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	0	0	0	0	0	0	0	4	0	4
75 to 84	12	0	0	0	0	0	4	0	16	0	16
85+	6	0	0	0	0	0	27	0	33	0	33
TOTALS	23	0	0	0	0	0	31	0	54	0	54

ROSARY HILL HOME
9000 WEST 81ST STREET
Justice, IL. 60458

Classification Numbers

Facility ID	6008247	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lyons Township

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	23	0	23
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	31	0	31
TOTALS	0	0	0	0	54	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	0	0	0

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.50
Physicians	0.00
Director of Nursing	1.25
Registered Nurses	5.44
LPN's	5.70
Certified Aides	24.71
Other Health Staff	26.31
Non-Health Staff	12.58
Totals	77.49

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%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	2,881,158	2,881,158	40,848	1.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rose Angela Hall
4200 N. Austin
Chicago, IL. 60634

Reference Numbers

Facility ID	6011530	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 15 - Portage Park

Administrator
Darlene Zdanowski

Contact Person and Telephone
Darlene Zdanowski
773-545-8300

Registered Agent Information
Sr. Rita Butler
4200 N. Austin
Chicago, IL 60634

Date Questionnaire Completed 4/4/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	79
Total Admissions 2017	1
Total Discharges 2017	0
Residents on 12/31/2017	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	79
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
TOTALS	79

Total Residents Diagnosed as Mentally Ill 45

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	80	80	79	80	79	1		80
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	80	79	80	79	1	0	80

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			26686	91.4%	0	0	0	0	26686	91.4%	91.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	26686	91.4%	0	0	0	0	26686	91.4%	91.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	24	0	0	0	24	24
45 to 59	0	0	0	0	0	46	0	0	0	46	46
60 to 64	0	0	0	0	0	6	0	0	0	6	6
65 to 74	0	0	0	0	0	3	0	0	0	3	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
TOTALS	0	0	0	0	0	79	0	0	0	79	79

Rose Angela Hall
4200 N. Austin
Chicago, IL. 60634

Classification Numbers

Facility ID	6011530	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 15 - Portage Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		79	0	0	0	0	79
Sheltered Care			0	0	0	0	0
TOTALS	0	79	0	0	0	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	15	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	63	0	63
Race Unknown	0	0	0	0	0
Total	0	0	79	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	75	0	75
Ethnicity Unknown	0	0	0	0	0
Total	0	0	79	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	7.50
Certified Aides	10.00
Other Health Staff	45.50
Non-Health Staff	20.00
Totals	91.00

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
0.0%	83.3%	0.0%	0.0%	16.7%	100.0%		
0	3,279,148	0	0	657,953	3,937,101	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rose House
7301 34th Avenue
Moline, IL. 61265

Reference Numbers

Facility ID	6008254	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

Administrator
Jennifer Terronez

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5740	98.3%	0	0	0	0	5740	98.3%	98.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5740	98.3%	0	0	0	0	5740	98.3%	98.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	4	0	0	3	4	7
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	1	1	0	0	1	1	2
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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Rose House
7301 34th Avenue
Moline, IL. 61265

Classification Numbers

Facility ID	6008254	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	76.3%	1.3%	0.0%	22.4%	100.0%		
0	566,029	9,382	0	166,239	741,650	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rosemary Home
6300 N. Ridge Ave.
Chicago, IL. 60660

Reference Numbers

Facility ID	6016919	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Ashley Hespen

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Date Questionnaire Completed 3/26/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5475	#Div/0!	0	0	365	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	0.0%	0	0	365	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	6	10	0	0	6	10	16

Rosemary Home
6300 N. Ridge Ave.
Chicago, IL. 60660

Classification Numbers

Facility ID	6016919	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	15	0	1	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	0	15	0	1	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.05
Director of Nursing	0.13
Registered Nurses	2.03
LPN's	0.53
Certified Aides	17.10
Other Health Staff	4.42
Non-Health Staff	3.37
Totals	27.88

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%	87.1%	0.0%	0.0%	12.9%	100.0%		
0	881,941	0	0	131,103	1,013,044	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Roseville Rehab & Healthcare
145 S Chamberlain St
Roseville, IL. 61473

Reference Numbers

Facility ID	6005136	
Health Service Area	002	
Planning Service Area	071	Henderson/Warren
County	071	Warren County

Administrator
Janet Holmberg

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/9/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	61
Total Admissions 2017	67
Total Discharges 2017	81
Residents on 12/31/2017	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	4
Mental Illness	22
Developmental Disability	0
Circulatory System	5
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 22

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	64	99	47	52	99	99
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	99	99	64	99	47	52	99	99

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1191	3.3%	12316	34.1%	0	50	6589	0	20146	55.8%	55.8%
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%
TOTALS	1191	3.3%	12316	34.1%	0	50	6589	0	20146	55.8%	55.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	1	0	1
60 to 64	4	0	0	0	0	0	0	0	4	0	4
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	4	13	0	0	0	0	0	0	4	13	17
TOTALS	19	28	0	0	0	0	0	0	19	28	47

Roseville Rehab & Healthcare
145 S Chamberlain St
Roseville, IL. 61473

Classification Numbers

Facility ID	6005136	
Health Service Area	002	
Planning Service Area	071	Henderson/Warren
County	071	Warren County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	33	0	0	12	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	33	0	0	12	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	16.00
Other Health Staff	3.00
Non-Health Staff	21.00
Totals	54.00

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
9.4%	52.5%	0.0%	0.3%	37.8%	100.0%		
270,987	1,511,740	0	9,141	1,088,965	2,880,833	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER - EAST PEORIA
900 CENTENNIAL DRIVE
East Peoria, IL. 61611-4928

Reference Numbers

Facility ID	6012017	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Michele Young

Contact Person and Telephone
Jan Poelker
314-994-9070

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	80
Total Admissions 2017	187
Total Discharges 2017	182
Residents on 12/31/2017	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	0
Circulatory System	22
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	9
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	90	120	85	35	36	50
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	120	120	90	120	85	35	36	50

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3886	29.6%	15435	84.6%	0	1815	8494	0	29630	67.6%	67.6%
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%
TOTALS	3886	29.6%	15435	84.6%	0	1815	8494	0	29630	67.6%	67.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	2	3	5
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	6	4	0	0	0	0	0	0	6	4	10
75 to 84	6	22	0	0	0	0	0	0	6	22	28
85+	6	31	0	0	0	0	0	0	6	31	37
TOTALS	21	64	0	0	0	0	0	0	21	64	85

ROSEWOOD CARE CENTER - EAST PEORIA
900 CENTENNIAL DRIVE
East Peoria, IL. 61611-4928

Classification Numbers

Facility ID	6012017	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	39	0	10	21	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	39	0	10	21	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	13.00
Certified Aides	44.00
Other Health Staff	16.00
Non-Health Staff	0.00
Totals	80.00

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
36.3%	27.1%	0.0%	15.5%	21.2%	100.0%		
2,695,704	2,011,008	0	1,148,027	1,571,657	7,426,396	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER - NORTHBROOK
4101 LAKE COOK ROAD
Northbrook, IL. 60062-1112

Reference Numbers

Facility ID	6019723	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Northfield Township

Administrator
Marites Tan

Contact Person and Telephone
Jan Poelker
314-994-9070

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	113
Total Admissions 2017	145
Total Discharges 2017	147
Residents on 12/31/2017	111

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	27
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	18
Digestive System	10
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	111

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	147	147	121	147	111	36	147	137
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	147	147	121	147	111	36	147	137

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3586	6.7%	34469	68.9%	0	327	2756	0	41138	76.7%	76.7%
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%
TOTALS	3586	6.7%	34469	68.9%	0	327	2756	0	41138	76.7%	76.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	10	0	0	0	0	0	0	1	10	11
75 to 84	11	23	0	0	0	0	0	0	11	23	34
85+	25	39	0	0	0	0	0	0	25	39	64
TOTALS	37	74	0	0	0	0	0	0	37	74	111

ROSEWOOD CARE CENTER - NORTHBROOK
4101 LAKE COOK ROAD
Northbrook, IL. 60062-1112

Classification Numbers

Facility ID	6019723	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Northfield Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	60	0	32	9	0	111
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	60	0	32	9	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	105	0	0	0	105
Race Unknown	0	0	0	0	0
Total	111	0	0	0	111

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	0	111

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	14.00
Certified Aides	39.00
Other Health Staff	15.00
Non-Health Staff	0.00
Totals	83.00

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%	58.9%	0.0%	2.9%	9.7%	100.0%		
2,952,821	6,094,090	0	298,191	1,008,467	10,353,569	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF ALTON
3490 HUMBERT ROAD
Alton, IL. 62002-7101

Reference Numbers

Facility ID	6012074	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Mark Weible

Contact Person and Telephone
Jan Poelker
314-994-9070

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	116
Total Admissions 2017	461
Total Discharges 2017	449
Residents on 12/31/2017	128

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	21
Alzheimer Disease	0
Mental Illness	15
Developmental Disability	0
Circulatory System	16
Respiratory System	7
Digestive System	5
Genitourinary System Disorders	11
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	20
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	128

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	180	180	144	180	128	52	89	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	180	180	144	180	128	52	89	48

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8126	25.0%	13803	78.8%	0	3241	18223	0	43393	66.0%	66.0%
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%
TOTALS	8126	25.0%	13803	78.8%	0	3241	18223	0	43393	66.0%	66.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	8	9	0	0	0	0	0	0	8	9	17
75 to 84	10	30	0	0	0	0	0	0	10	30	40
85+	14	54	0	0	0	0	0	0	14	54	68
TOTALS	34	94	0	0	0	0	0	0	34	94	128

ROSEWOOD CARE CENTER OF ALTON
3490 HUMBERT ROAD
Alton, IL. 62002-7101

Classification Numbers

Facility ID	6012074	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	37	0	20	41	0	128
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	37	0	20	41	0	128

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	0	0	0	0	0
Total	128	0	0	0	128

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	127	0	0	0	127
Ethnicity Unknown	0	0	0	0	0
Total	128	0	0	0	128

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	15.00
Certified Aides	59.00
Other Health Staff	18.00
Non-Health Staff	0.00
Totals	109.00

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
31.6%	18.5%	0.0%	11.1%	38.8%	100.0%		
2,952,469	1,731,879	0	1,038,014	3,623,815	9,346,177	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF EDWARDSVILLE
6277 CENTER GROVE ROAD
Edwardsville, IL. 62025-3309

Reference Numbers

Facility ID	6014401	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Sara McMahan

Contact Person and Telephone
Jan Poelker
314-994-9070

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	90
Total Admissions 2017	310
Total Discharges 2017	297
Residents on 12/31/2017	103

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	1
Mental Illness	13
Developmental Disability	0
Circulatory System	25
Respiratory System	10
Digestive System	6
Genitourinary System Disorders	11
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	14
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	103

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	110	120	103	17	58	58
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	120	120	110	120	103	17	58	58

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3619	17.1%	16105	76.1%	0	2870	12218	0	34812	79.5%	79.5%
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%
TOTALS	3619	17.1%	16105	76.1%	0	2870	12218	0	34812	79.5%	79.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	7	7	0	0	0	0	0	0	7	7	14
75 to 84	10	16	0	0	0	0	0	0	10	16	26
85+	10	49	0	0	0	0	0	0	10	49	59
TOTALS	28	75	0	0	0	0	0	0	28	75	103

ROSEWOOD CARE CENTER OF EDWARDSVILLE
6277 CENTER GROVE ROAD
Edwardsville, IL. 62025-3309

Classification Numbers

Facility ID	6014401	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	47	0	8	33	0	103
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	47	0	8	33	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	103	0	0	0	103

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	13.00
Certified Aides	38.00
Other Health Staff	18.00
Non-Health Staff	0.00
Totals	79.00

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
26.8%	30.0%	0.0%	10.1%	33.1%	100.0%		
1,890,283	2,117,079	0	710,856	2,339,675	7,057,893	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF ELGIN
2355 ROYAL BOULEVARD
Elgin, IL. 60123-4716

Reference Numbers

Facility ID	6014237	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Peggy Aschenbrenner

Contact Person and Telephone
Jan Poelker
314-994-9070

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	113
Total Admissions 2017	427
Total Discharges 2017	428
Residents on 12/31/2017	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	4
*Nervous System Non Alzheimer	11
Alzheimer Disease	3
Mental Illness	10
Developmental Disability	0
Circulatory System	27
Respiratory System	10
Digestive System	6
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	6
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 79

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	139	139	120	139	112	27	67	59
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	139	139	120	139	112	27	67	59

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7131	29.2%	14892	69.2%	0	2077	15593	0	39693	78.2%	78.2%
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%
TOTALS	7131	29.2%	14892	69.2%	0	2077	15593	0	39693	78.2%	78.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	0	3	3
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	10	6	0	0	0	0	0	0	10	6	16
75 to 84	13	18	0	0	0	0	0	0	13	18	31
85+	12	49	0	0	0	0	0	0	12	49	61
TOTALS	35	77	0	0	0	0	0	0	35	77	112

ROSEWOOD CARE CENTER OF ELGIN
2355 ROYAL BOULEVARD
Elgin, IL. 60123-4716

Classification Numbers

Facility ID	6014237	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	42	0	1	42	0	112
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	42	0	1	42	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	14.00
Certified Aides	57.00
Other Health Staff	20.00
Non-Health Staff	0.00
Totals	118.00

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
32.8%	17.2%	0.0%	13.2%	36.7%	100.0%		
3,312,008	1,737,090	0	1,330,842	3,702,670	10,082,610	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF GALESBURG
1250 WEST CARL SANDBURG DRIVE
Galesburg, IL. 61401-1329

Reference Numbers

Facility ID	6010466	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

Administrator
Deb Simaytis

Contact Person and Telephone
Jan Poelker
314-994-9070

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	89
Total Admissions 2017	224
Total Discharges 2017	222
Residents on 12/31/2017	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	15
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	11
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	13
Injuries and Poisonings	1
Other Medical Conditions	21
Non-Medical Conditions	1
TOTALS	91

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	180	180	93	180	91	89	180	180
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	180	180	93	180	91	89	180	180

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2549	3.9%	17692	26.9%	0	1219	9700	0	31160	47.4%	47.4%
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%
TOTALS	2549	3.9%	17692	26.9%	0	1219	9700	0	31160	47.4%	47.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	0	0	0	0	0	0	3	4	7
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	11	36	0	0	0	0	0	0	11	36	47
TOTALS	26	65	0	0	0	0	0	0	26	65	91

ROSEWOOD CARE CENTER OF GALESBURG
1250 WEST CARL SANDBURG DRIVE
Galesburg, IL. 61401-1329

Classification Numbers

Facility ID	6010466	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	50	0	4	30	0	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	50	0	4	30	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	15.00
Certified Aides	48.00
Other Health Staff	17.00
Non-Health Staff	0.00
Totals	89.00

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
25.1%	42.5%	0.0%	8.4%	24.0%	100.0%		
1,383,606	2,347,081	0	462,585	1,325,332	5,518,604	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF INVERNESS
1800 COLONIAL PARKWAY
Inverness, IL. 60067-1216

Reference Numbers

Facility ID	6014633	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Palatine Township

Administrator
David Meiselman

Contact Person and Telephone
Jan Poelker
314-994-9070

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	84
Total Admissions 2017	199
Total Discharges 2017	179
Residents on 12/31/2017	104

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	15
Respiratory System	16
Digestive System	4
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	15
Injuries and Poisonings	12
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	104

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	142	142	104	142	104	38	52	58
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	142	142	104	142	104	38	52	58

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6094	32.1%	15512	73.3%	0	1514	9401	0	32521	62.7%	62.7%
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%
TOTALS	6094	32.1%	15512	73.3%	0	1514	9401	0	32521	62.7%	62.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	3	0	0	0	0	0	0	4	3	7
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	7	12	0	0	0	0	0	0	7	12	19
85+	16	51	0	0	0	0	0	0	16	51	67
TOTALS	28	76	0	0	0	0	0	0	28	76	104

ROSEWOOD CARE CENTER OF INVERNESS
1800 COLONIAL PARKWAY
Inverness, IL. 60067-1216

Classification Numbers

Facility ID	6014633	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Palatine Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	49	0	4	29	0	104
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	49	0	4	29	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	103	0	0	0	103
Ethnicity Unknown	0	0	0	0	0
Total	104	0	0	0	104

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	25.00
Certified Aides	35.00
Other Health Staff	16.00
Non-Health Staff	0.00
Totals	87.00

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
34.5%	20.7%	0.0%	11.8%	33.0%	100.0%		
3,285,543	1,973,806	0	1,122,098	3,138,684	9,520,131	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF JOLIET
3401 HENNEPIN DRIVE
Joliet, IL. 60431-1080

Reference Numbers

Facility ID	6012835	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
William Matjasich

Contact Person and Telephone
Jan Poelker
314-994-9070

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/12/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	81
Total Admissions 2017	265
Total Discharges 2017	277
Residents on 12/31/2017	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	22
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	89	120	69	51	58	34
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	120	120	89	120	69	51	58	34

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4531	21.4%	9174	73.9%	0	1900	10828	0	26433	60.3%	60.3%
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%
TOTALS	4531	21.4%	9174	73.9%	0	1900	10828	0	26433	60.3%	60.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	1	1	2
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	4	15	0	0	0	0	0	0	4	15	19
85+	12	24	0	0	0	0	0	0	12	24	36
TOTALS	20	49	0	0	0	0	0	0	20	49	69

ROSEWOOD CARE CENTER OF JOLIET
3401 HENNEPIN DRIVE
Joliet, IL. 60431-1080

Classification Numbers

Facility ID	6012835	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	28	0	6	22	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	28	0	6	22	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	10.00
Certified Aides	39.00
Other Health Staff	14.00
Non-Health Staff	0.00
Totals	82.00

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
41.8%	17.5%	0.0%	12.5%	28.2%	100.0%		
3,172,884	1,324,677	0	949,988	2,136,960	7,584,509	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF MOLINE
7300 34TH AVENUE
Moline, IL. 61265-5842

Reference Numbers

Facility ID	6012587	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

Administrator
Trudy Whittington

Contact Person and Telephone
Jan Poelker
314-994-9070

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	82
Total Admissions 2017	175
Total Discharges 2017	172
Residents on 12/31/2017	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	15
Alzheimer Disease	3
Mental Illness	10
Developmental Disability	0
Circulatory System	18
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	11
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	91	120	85	35	58	58
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	120	120	91	120	85	35	58	58

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1675	7.9%	18055	85.3%	0	2105	7696	0	29531	67.4%	67.4%
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%
TOTALS	1675	7.9%	18055	85.3%	0	2105	7696	0	29531	67.4%	67.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	1	0	0	0	0	0	0	2	1	3
65 to 74	3	10	0	0	0	0	0	0	3	10	13
75 to 84	11	19	0	0	0	0	0	0	11	19	30
85+	11	26	0	0	0	0	0	0	11	26	37
TOTALS	28	57	0	0	0	0	0	0	28	57	85

ROSEWOOD CARE CENTER OF MOLINE
7300 34TH AVENUE
Moline, IL. 61265-5842

Classification Numbers

Facility ID	6012587	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	50	0	8	22	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	50	0	8	22	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	9.00
Certified Aides	30.00
Other Health Staff	16.00
Non-Health Staff	0.00
Totals	61.00

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
21.3%	42.0%	0.0%	12.5%	24.3%	100.0%		
1,237,120	2,437,207	0	723,946	1,409,863	5,808,136	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF PEORIA
1500 WEST NORTHMOOR ROAD
Peoria, IL. 61614-3435

Reference Numbers

Facility ID	6012165	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

Administrator
Cathleen Heck

Contact Person and Telephone
Jan Poelker
314-994-9070

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	71
Total Admissions 2017	247
Total Discharges 2017	244
Residents on 12/31/2017	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	3
Developmental Disability	0
Circulatory System	17
Respiratory System	11
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	14
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	75	120	74	46	52	42
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	120	120	75	120	74	46	52	42

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3738	19.7%	11183	72.9%	0	2243	8207	0	25371	57.9%	57.9%
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%
TOTALS	3738	19.7%	11183	72.9%	0	2243	8207	0	25371	57.9%	57.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	0	1	0	1
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	12	31	0	0	0	0	0	0	12	31	43
TOTALS	23	51	0	0	0	0	0	0	23	51	74

ROSEWOOD CARE CENTER OF PEORIA
1500 WEST NORTHMOOR ROAD
Peoria, IL. 61614-3435

Classification Numbers

Facility ID	6012165	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	30	0	13	17	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	30	0	13	17	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	13.00
Certified Aides	35.00
Other Health Staff	17.00
Non-Health Staff	0.00
Totals	70.00

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
35.4%	23.9%	0.0%	16.3%	24.5%	100.0%		
2,251,726	1,521,043	0	1,034,560	1,558,229	6,365,558	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF ROCKFORD
1660 SOUTH MULFORD
Rockford, IL. 61108-6760

Reference Numbers

Facility ID	6014658	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Shannon Sell

Contact Person and Telephone
Jan Poelker
314-994-9070

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	81
Total Admissions 2017	318
Total Discharges 2017	325
Residents on 12/31/2017	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	3
Developmental Disability	1
Circulatory System	13
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	8
Other Medical Conditions	4
Non-Medical Conditions	11
TOTALS	74

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	92	120	74	46	58	58
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	120	120	92	120	74	46	58	58

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6709	31.7%	16271	76.9%	0	1762	5759	0	30501	69.6%	69.6%
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%
TOTALS	6709	31.7%	16271	76.9%	0	1762	5759	0	30501	69.6%	69.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	3	0	0	0	0	0	0	2	3	5
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	5	18	0	0	0	0	0	0	5	18	23
85+	5	26	0	0	0	0	0	0	5	26	31
TOTALS	18	56	0	0	0	0	0	0	18	56	74

ROSEWOOD CARE CENTER OF ROCKFORD
1660 SOUTH MULFORD
Rockford, IL. 61108-6760

Classification Numbers

Facility ID	6014658	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	43	0	6	16	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	43	0	6	16	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	22.00
Other Health Staff	15.00
Non-Health Staff	0.00
Totals	48.00

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
46.4%	24.4%	0.0%	10.6%	18.6%	100.0%		
3,648,571	1,921,010	0	832,241	1,465,307	7,867,129	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF ST. CHARLES
850 DUNHAM ROAD
St. Charles, IL. 60174-1494

Reference Numbers

Facility ID	6014666	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
William Sekalias

Contact Person and Telephone
Jan Poelker
314-994-9070

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	76
Total Admissions 2017	261
Total Discharges 2017	252
Residents on 12/31/2017	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	12
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	1
Circulatory System	19
Respiratory System	17
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	5
Injuries and Poisonings	11
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	109	109	94	109	85	24	49	58
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	109	109	94	109	85	24	49	58

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4415	24.7%	14994	70.8%	0	2253	7849	0	29511	74.2%	74.2%
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%
TOTALS	4415	24.7%	14994	70.8%	0	2253	7849	0	29511	74.2%	74.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	3	0	0	0	0	0	0	2	3	5
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	11	16	0	0	0	0	0	0	11	16	27
85+	12	29	0	0	0	0	0	0	12	29	41
TOTALS	29	56	0	0	0	0	0	0	29	56	85

ROSEWOOD CARE CENTER OF ST. CHARLES
850 DUNHAM ROAD
St. Charles, IL. 60174-1494

Classification Numbers

Facility ID	6014666	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	44	0	9	16	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	44	0	9	16	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	6.00
Certified Aides	25.00
Other Health Staff	18.00
Non-Health Staff	0.00
Totals	64.00

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
40.4%	3.5%	0.0%	19.3%	36.7%	100.0%		
2,168,518	189,363	0	1,037,985	1,969,765	5,365,631	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rosiclare Rehab & HCC
55 Ferrell Road, PO Box 220
Rosiclare, IL. 62982

Reference Numbers

Facility ID	6003065	
Health Service Area	005	
Planning Service Area	069	Hardin/Pope
County	069	Hardin County

Administrator
Sarah Little

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/7/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	49
Total Admissions 2017	41
Total Discharges 2017	53
Residents on 12/31/2017	37

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	37

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	62	62	54	62	37	25	62	62
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	62	62	54	62	37	25	62	62

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1864	8.2%	13130	58.0%	0	42	1967	0	17003	75.1%	75.1%
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%
TOTALS	1864	8.2%	13130	58.0%	0	42	1967	0	17003	75.1%	75.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	1	0	0	0	0	0	0	5	1	6
75 to 84	2	15	0	0	0	0	0	0	2	15	17
85+	3	8	0	0	0	0	0	0	3	8	11
TOTALS	10	27	0	0	0	0	0	0	10	27	37

Rosiclare Rehab & HCC
55 Ferrell Road, PO Box 220
Rosiclare, IL. 62982

Classification Numbers

Facility ID	6003065	
Health Service Area	005	
Planning Service Area	069	Hardin/Pope
County	069	Hardin County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	31	0	0	4	0	37
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	31	0	0	4	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	37	0	0	0	37

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	37	0	0	0	37
Ethnicity Unknown	0	0	0	0	0
Total	37	0	0	0	37

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	3.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	17.00
Totals	43.00

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
14.3%	72.2%	0.0%	1.3%	12.2%	100.0%		
354,600	1,793,249	0	31,072	303,777	2,482,698	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Roy Court
326 Roy Street
Bourbonnais, IL. 60914

Reference Numbers

Facility ID	6014070	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Cynthia Lewis

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	6
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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
TOTALS	6

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	2	0	0	0	2	2
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	2	0	0	0	2	0	2
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
TOTALS	0	0	0	0	4	2	0	0	4	2	6

Roy Court
326 Roy Street
Bourbonnais, IL. 60914

Classification Numbers

Facility ID	6014070	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	5	0	5
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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
0.0%	86.6%	0.5%	0.0%	12.9%	100.0%		
0	338,900	2,107	0	50,317	391,324	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROYAL OAKS CARE CENTER
605 E. CHURCH ST.
Kewanee, IL. 61443

Reference Numbers

Facility ID	6005029	
Health Service Area	010	
Planning Service Area	073	Henry
County	073	Henry County

Administrator
Laurie Paxton

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/21/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	113
Total Admissions 2017	67
Total Discharges 2017	52
Residents on 12/31/2017	128

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	14
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	68
Developmental Disability	2
Circulatory System	6
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	6
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	128

Total Residents Diagnosed as Mentally Ill 121

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	200	200	133	200	128	72	200	200
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	200	200	133	200	128	72	200	200

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1254	1.7%	40619	55.6%	0	0	1985	0	43858	60.1%	60.1%
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%
TOTALS	1254	1.7%	40619	55.6%	0	0	1985	0	43858	60.1%	60.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	4	0	0	0	0	0	0	3	4	7
45 to 59	22	20	0	0	0	0	0	0	22	20	42
60 to 64	9	13	0	0	0	0	0	0	9	13	22
65 to 74	11	21	0	0	0	0	0	0	11	21	32
75 to 84	2	14	0	0	0	0	0	0	2	14	16
85+	3	6	0	0	0	0	0	0	3	6	9
TOTALS	50	78	0	0	0	0	0	0	50	78	128

ROYAL OAKS CARE CENTER
605 E. CHURCH ST.
Kewanee, IL. 61443

Classification Numbers

Facility ID	6005029	
Health Service Area	010	
Planning Service Area	073	Henry
County	073	Henry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	117	0	0	8	0	128
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	117	0	0	8	0	128

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	123	0	0	0	123
Total	128	0	0	0	128

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	123	0	0	0	123
Ethnicity Unknown	0	0	0	0	0
Total	128	0	0	0	128

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	23.00
Certified Aides	38.00
Other Health Staff	0.00
Non-Health Staff	62.00
Totals	127.00

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
3.7%	90.8%	0.0%	1.0%	4.5%	100.0%		
212,583	5,207,525	0	59,652	258,089	5,737,849	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rush Oak Park Hospital
520 S Maple Ave
Oak Park, IL. 60304

Reference Numbers

Facility ID	6010615	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Oak Park Township

Administrator
Karen Mayer

Contact Person and Telephone
Elvylene Yap
708-660-2030

Registered Agent Information

Date Questionnaire Completed 4/15/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	13
Total Admissions 2017	371
Total Discharges 2017	365
Residents on 12/31/2017	19

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	7
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	19

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	36	22	20	22	19	17	36	0
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	36	22	20	22	19	17	36	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4328	32.9%	0	0.0%	0	449	124	365	5266	40.1%	65.6%
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%
TOTALS	4328	32.9%	0	0.0%	0	449	124	365	5266	40.1%	65.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	4	1	0	0	0	0	0	0	4	1	5
75 to 84	4	1	0	0	0	0	0	0	4	1	5
85+	0	5	0	0	0	0	0	0	0	5	5
TOTALS	8	11	0	0	0	0	0	0	8	11	19

Rush Oak Park Hospital
520 S Maple Ave
Oak Park, IL. 60304

Classification Numbers

Facility ID	6010615	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Oak Park Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	0	0	3	0	1	19
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	0	0	3	0	1	19

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	16	0	0	0	16
Race Unknown	0	0	0	0	0
Total	19	0	0	0	19

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	19	0	0	0	19
Ethnicity Unknown	0	0	0	0	0
Total	19	0	0	0	19

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.80
Director of Nursing	1.00
Registered Nurses	10.90
LPN's	0.00
Certified Aides	8.20
Other Health Staff	1.00
Non-Health Staff	3.50
Totals	25.90

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
83.2%	0.0%	0.0%	16.8%	0.0%	100.0%		
1,992,551	0	0	403,082	0	2,395,633	85,631	3.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RUSHVILLE NURSING AND REHAB
135 SOUTH MORGAN STREET
Rushville, IL. 62681

Reference Numbers

Facility ID	6008684	
Health Service Area	003	
Planning Service Area	009	Brown/Schuyler
County	169	Schuyler County

Administrator
ESTHER SHOEMAKER

Contact Person and Telephone
ESTHER SHOEMAKER
217-322-3420

Registered Agent Information
DAVID ARONIN
2201 MAIN
Evanston, IL 60202

Date Questionnaire Completed 4/10/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	50
Total Admissions 2017	47
Total Discharges 2017	44
Residents on 12/31/2017	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	12
Blood Disorders	5
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	0
Circulatory System	8
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	53	99	53	46	49	99
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	99	99	53	99	53	46	49	99

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3376	18.9%	38864	######	0	17	18957	0	61214	169.4%	169.4%
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%
TOTALS	3376	18.9%	38864	######	0	17	18957	0	61214	169.4%	169.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	3	1	4
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	11	18	0	0	0	0	0	0	11	18	29
TOTALS	23	30	0	0	0	0	0	0	23	30	53

RUSHVILLE NURSING AND REHAB
135 SOUTH MORGAN STREET
Rushville, IL. 62681

Classification Numbers

Facility ID	6008684	
Health Service Area	003	
Planning Service Area	009	Brown/Schuyler
County	169	Schuyler County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	29	0	0	19	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	29	0	0	19	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	4.00
Certified Aides	24.00
Other Health Staff	15.00
Non-Health Staff	12.00
Totals	62.00

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
19.8%	40.6%	0.0%	0.3%	39.3%	100.0%		
627,438	1,284,181	0	9,731	1,243,045	3,164,395	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

S.T.R.I.V.E.
415 A. Street
Prophetstown, IL. 61277

Reference Numbers

Facility ID	6012892	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

Administrator
Anne Dunbar

Contact Person and Telephone
Anne Dunbar
815-537-5358

Registered Agent Information
Mr. John Guzzardo
701 East Third Street
Prophetstown, IL 61277

Date Questionnaire Completed 4/6/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	3
Total Discharges 2017	3
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5656	96.8%	0	0	0	0	5656	96.8%	96.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5656	96.8%	0	0	0	0	5656	96.8%	96.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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
TOTALS	0	0	0	0	6	10	0	0	6	10	16

S.T.R.I.V.E.
415 A. Street
Prophetstown, IL. 61277

Classification Numbers

Facility ID	6012892	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	6	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.25
Certified Aides	14.00
Other Health Staff	3.00
Non-Health Staff	7.00
Totals	25.25

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	1,107,130	0	0	0	1,107,130	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Salem Village Nursing and Rehabilitation
1314 Rowell Avenue
Joliet, IL. 60433

Reference Numbers

Facility ID	6008338	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
JoMarie Silver

Contact Person and Telephone
JoMarie Silver
815 727-5451

Registered Agent Information
Bryan W. Kopman
111 North Ottawa
Joliet, IL 60432

Date Questionnaire Completed 4/25/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	216
Total Admissions 2017	207
Total Discharges 2017	217
Residents on 12/31/2017	206

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	14
Blood Disorders	4
*Nervous System Non Alzheimer	23
Alzheimer Disease	24
Mental Illness	30
Developmental Disability	5
Circulatory System	42
Respiratory System	39
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	206

Total Residents Diagnosed as Mentally Ill 30

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	266	266	227	266	204	62	230	266
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	6	6	2	6	2	4		
TOTAL BEDS	272	272	229	272	206	66	230	266

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11441	13.6%	57193	58.9%	0	111	7692	0	76437	78.7%	78.7%
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	634	0	634	28.9%	28.9%
TOTALS	11441	13.6%	57193	58.9%	0	111	8326	0	77071	77.6%	77.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	17	9	0	0	0	0	0	0	17	9	26
60 to 64	14	7	0	0	0	0	0	0	14	7	21
65 to 74	14	26	0	0	0	0	1	1	15	27	42
75 to 84	23	33	0	0	0	0	0	2	23	35	58
85+	6	43	0	0	0	0	0	0	6	43	49
TOTALS	80	122	0	0	0	0	1	3	81	125	206

Salem Village Nursing and Rehabilitation
1314 Rowell Avenue
Joliet, IL. 60433

Classification Numbers

Facility ID	6008338	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	163	0	1	18	0	204
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	2	0	2
TOTALS	22	163	0	1	20	0	206

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	42	0	0	0	42
Hawaiian/Pacific Isl.	0	0	0	0	0
White	160	0	0	4	164
Race Unknown	0	0	0	0	0
Total	202	0	0	4	206

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	189	0	0	4	193
Ethnicity Unknown	0	0	0	0	0
Total	202	0	0	4	206

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	5.00
Director of Nursing	1.00
Registered Nurses	35.00
LPN's	0.00
Certified Aides	129.00
Other Health Staff	20.00
Non-Health Staff	125.00
Totals	316.00

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
26.6%	46.3%	0.0%	5.3%	21.8%	100.0%		
4,638,318	8,073,562	0	916,090	3,799,465	17,427,435	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Saline Care Nursing and Rehabilitation Center
120 S Land Street
Harrisburg, IL. Illinois

Reference Numbers

Facility ID	6008346	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline
County	165	Saline County

Administrator
Jason Quinn

Contact Person and Telephone
Jason Quinn
618-252-7405

Registered Agent Information
Scott Stout
105 S Commercial Street
Harrisburg, IL 62946

Date Questionnaire Completed 6/1/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	125
Total Admissions 2017	105
Total Discharges 2017	119
Residents on 12/31/2017	111

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	14
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	8
Mental Illness	34
Developmental Disability	0
Circulatory System	22
Respiratory System	23
Digestive System	6
Genitourinary System Disorders	16
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	13
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	161

Total Residents Diagnosed as Mentally Ill 69

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	142	0	0	0	0	142	72	142
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	142	0	0	0	0	142	72	142

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	116	0.4%	1086	2.1%	0	0	221	0	1423	2.7%	0.0%
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%
TOTALS	116	0.4%	1086	2.1%	0	0	221	0	1423	2.7%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	7	0	0	0	0	0	0	5	7	12
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	7	18	0	0	0	0	0	0	7	18	25
75 to 84	9	18	0	0	0	0	0	0	9	18	27
85+	6	27	0	0	0	0	0	0	6	27	33
TOTALS	36	75	0	0	0	0	0	0	36	75	111

Saline Care Nursing and Rehabilitation Center
120 S Land Street
Harrisburg, IL. Illinois

Classification Numbers

Facility ID	6008346	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline
County	165	Saline County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	86	0	0	21	0	111
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	86	0	0	21	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	105	0	0	0	105
Race Unknown	0	0	0	0	0
Total	109	0	0	0	109

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	2	0	0	0	2

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.50
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	6.50

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
24.5%	62.4%	0.0%	0.1%	13.0%	100.0%		
1,327,999	3,382,976	0	7,042	704,374	5,422,391	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sandwich Rehabilitation and Health Care Center
902 East Arnold Street
Sandwich, IL. 60548

Reference Numbers

Facility ID	6008213	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

Administrator
Ruth Jackson

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/19/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	51
Total Admissions 2017	30
Total Discharges 2017	43
Residents on 12/31/2017	38

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	38

Total Residents Diagnosed as Mentally Ill 22

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	63	63	51	63	38	25	0	63
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	63	63	51	63	38	25	0	63

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	461	0.0%	11510	50.1%	0	0	2924	0	14895	64.8%	64.8%
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%
TOTALS	461	0.0%	11510	50.1%	0	0	2924	0	14895	64.8%	64.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	2	0	0	0	0	0	0	2	2	4
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	3	7	0	0	0	0	0	0	3	7	10
85+	3	7	0	0	0	0	0	0	3	7	10
TOTALS	14	24	0	0	0	0	0	0	14	24	38

Sandwich Rehabilitation and Health Care Center
902 East Arnold Street
Sandwich, IL. 60548

Classification Numbers

Facility ID	6008213	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	30	0	0	8	0	38
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	30	0	0	8	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	38	0	0	0	38

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	38	0	0	0	38
Total	38	0	0	0	38

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	2.00
Certified Aides	30.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	55.00

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
4.9%	67.0%	0.0%	0.0%	28.2%	100.0%		
102,348	1,412,249	130	0	594,288	2,109,015	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sauk Valley Senior Living
1000 Dixon Ave
Rock Falls, IL. 61071

Reference Numbers

Facility ID	6001929	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

Administrator
Susan Shaw

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/19/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	28
Total Admissions 2017	23
Total Discharges 2017	26
Residents on 12/31/2017	25

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	17
Developmental Disability	0
Circulatory System	0
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	25

Total Residents Diagnosed as Mentally Ill 17

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	55	55	30	55	25	30	55	55
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	55	55	30	55	25	30	55	55

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	519	2.6%	7876	39.2%	0	0	1156	0	9551	47.6%	47.6%
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%
TOTALS	519	2.6%	7876	39.2%	0	0	1156	0	9551	47.6%	47.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	5	1	0	0	0	0	0	0	5	1	6
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	2	5	0	0	0	0	0	0	2	5	7
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	11	14	0	0	0	0	0	0	11	14	25

Sauk Valley Senior Living
1000 Dixon Ave
Rock Falls, IL. 61071

Classification Numbers

Facility ID	6001929	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	22	0	0	2	0	25
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	22	0	0	2	0	25

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	25	0	0	0	25

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	25	0	0	0	25
Ethnicity Unknown	0	0	0	0	0
Total	25	0	0	0	25

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	2.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	10.00
Totals	25.00

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
6.6%	80.4%	0.0%	0.0%	13.0%	100.0%		
94,894	1,161,992	0	0	188,543	1,445,429	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Schultz House
340 Bryan Avenue
Danville, IL. 61832

Reference Numbers

Facility ID	6012231	
Health Service Area	004	
Planning Service Area	183	Vermilion
County	183	Vermilion County

Administrator
David King

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	14
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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
TOTALS	14

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	14	2	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4966	85.0%	0	0	0	0	4966	85.0%	85.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4966	85.0%	0	0	0	0	4966	85.0%	85.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	3	0	0	1	3	4
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	2	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
TOTALS	0	0	0	0	5	9	0	0	5	9	14

Schultz House
340 Bryan Avenue
Danville, IL. 61832

Classification Numbers

Facility ID	6012231	
Health Service Area	004	
Planning Service Area	183	Vermilion
County	183	Vermilion County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	79.2%	3.7%	0.0%	17.1%	100.0%		
0	458,786	21,269	0	99,079	579,134	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Scott County Nursing Center
650 N. Main St. P.O. Box 110
Winchester, IL. 62694

Reference Numbers

Facility ID	6008395	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	171	Scott County

Administrator
Debbie O'Dell R.N. LNHA

Contact Person and Telephone
Debbie O'Dell R.N. LNHA
217-742-3101 ext 321

Registered Agent Information

Date Questionnaire Completed 4/11/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	37
Total Admissions 2017	32
Total Discharges 2017	33
Residents on 12/31/2017	36

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	32

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	49	42	49	42	7	0	49
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	49	49	42	49	42	7	0	49

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1752	0.0%	6693	37.4%	0	0	0	0	8445	47.2%	47.2%
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%
TOTALS	1752	0.0%	6693	37.4%	0	0	0	0	8445	47.2%	47.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	2	5	0	0	0	0	0	0	2	5	7
85+	4	18	0	0	0	0	0	0	4	18	22
TOTALS	8	24	0	0	0	0	0	0	8	24	32

Scott County Nursing Center
650 N. Main St. P.O. Box 110
Winchester, IL. 62694

Classification Numbers

Facility ID	6008395	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	171	Scott County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	16	0	0	13	0	32
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	16	0	0	13	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	0	0	0	0	0
Total	32	0	0	0	32

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	32	0	0	0	32
Ethnicity Unknown	0	0	0	0	0
Total	32	0	0	0	32

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	4.00
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	12.00
LPN's	24.00
Certified Aides	60.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	104.00

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
36.7%	25.2%	9.5%	0.0%	28.5%	100.0%		
839,018	576,383	217,290	0	651,256	2,283,947	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Seborg Terrace
3024 Alida St.
Rockford, IL. 61101

Reference Numbers

Facility ID	6010862	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Kathy Starr

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5820	99.7%	0	0	0	0	5820	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5820	99.7%	0	0	0	0	5820	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	1	0	0	4	1	5
45 to 59	0	0	0	0	4	5	0	0	4	5	9
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Seborg Terrace
3024 Alida St.
Rockford, IL. 61101

Classification Numbers

Facility ID	6010862	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	79.7%	1.2%	0.0%	19.0%	100.0%		
0	574,319	8,801	0	137,193	720,313	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Select Post Acute Care
700 N. Main St.
Eureka, IL. 61530

Reference Numbers

Facility ID	6005722	
Health Service Area	002	
Planning Service Area	203	Woodford
County	203	Woodford County

Administrator
Jordan Post

Contact Person and Telephone
Jordan Post
309-467-2337

Registered Agent Information

Date Questionnaire Completed 4/16/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	71
Total Admissions 2017	57
Total Discharges 2017	65
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	1
Circulatory System	7
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	19
Injuries and Poisonings	2
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	63

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	92	92	61	92	57	35	92	79
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	12	12	11	12	6	6		
TOTAL BEDS	104	104	72	104	63	41	92	79

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1079	3.2%	10274	35.6%	0	0	8832	0	20185	60.1%	60.1%
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	2934	0	2934	67.0%	67.0%
TOTALS	1079	3.2%	10274	35.6%	0	0	11766	0	23119	60.9%	60.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	0	3	3
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	2	26	0	0	0	0	3	3	5	29	34
TOTALS	15	42	0	0	0	0	3	3	18	45	63

Select Post Acute Care
700 N. Main St.
Eureka, IL. 61530

Classification Numbers

Facility ID	6005722	
Health Service Area	002	
Planning Service Area	203	Woodford
County	203	Woodford County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	29	0	0	28	0	57
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	6	0	6
TOTALS	0	29	0	0	34	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0		
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	6	62
Race Unknown	0	0	0	0	0
Total	57	0	0		

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	57	0	0	6	63
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	6	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.13
LPN's	2.07
Certified Aides	21.41
Other Health Staff	0.00
Non-Health Staff	14.33
Totals	44.94

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
11.8%	36.2%	0.0%	0.0%	52.0%	100.0%		
480,310	1,472,720	0	0	2,112,428	4,065,458	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

8/9/2016 Formerly Maple Lawn Health Center.

8/1/2016 Change of ownership occurred.

Self Help Home of Chicago, Illinois
908 West Argyle Street
Chicago , IL. 60640

Reference Numbers

Facility ID	6008460	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

Administrator
Lara Liberman

Contact Person and Telephone
Lara Liberman
773-619-1176

Registered Agent Information
Austin Hirsch
10 S. Wacker Drive, Suite 400
Chicago, IL 60606

Date Questionnaire Completed 4/11/2018

Continuing Care Retirement Community

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	63
Total Admissions 2017	159
Total Discharges 2017	154
Residents on 12/31/2017	68

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	14
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	63

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	72	72	63	72	63	9	43	72
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	72	72	63	72	63	9	43	72

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12	0.1%	9	0.0%	0	0	42	0	63	0.2%	0.2%
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%
TOTALS	12	0.1%	9	0.0%	0	0	42	0	63	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	3	6	0	0	0	0	0	0	3	6	9
85+	14	36	0	0	0	0	0	0	14	36	50
TOTALS	20	43	0	0	0	0	0	0	20	43	63

Self Help Home of Chicago, Illinois
908 West Argyle Street
Chicago , IL. 60640

Classification Numbers

Facility ID	6008460	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	9	0	0	42	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	9	0	0	42	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	3.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	5.00
Certified Aides	45.00
Other Health Staff	7.00
Non-Health Staff	35.00
Totals	114.00

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
32.9%	6.8%	0.0%	0.0%	60.3%	100.0%		
2,277,381	468,115	0	0	4,176,024	6,921,520	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SEMINARY MANOR
2345 N SEMINARY ST
Galesburg, IL. 61401

Reference Numbers

Facility ID	6010250	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

Administrator
TRACY OWENS

Contact Person and Telephone
Tracy Owens
309-344-1300

Registered Agent Information
J. MICHAEL BIBO
285 s FARNHAM ST
Galesburg, IL 61401

Date Questionnaire Completed 3/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	108
Total Admissions 2017	556
Total Discharges 2017	563
Residents on 12/31/2017	101

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	25
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	12
Digestive System	15
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	101

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	121	121	117	121	101	20	121	105
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	121	121	117	121	101	20	121	105

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14286	32.3%	8835	23.1%	0	0	14734	0	37855	85.7%	85.7%
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%
TOTALS	14286	32.3%	8835	23.1%	0	0	14734	0	37855	85.7%	85.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	2	0	0	0	0	0	0	0	2	2
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	16	14	0	0	0	0	0	0	16	14	30
85+	14	38	0	0	0	0	0	0	14	38	52
TOTALS	36	65	0	0	0	0	0	0	36	65	101

SEMINARY MANOR
2345 N SEMINARY ST
Galesburg, IL. 61401

Classification Numbers

Facility ID	6010250	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	42	21	0	0	38	0	101
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	42	21	0	0	38	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	1	0	0	0	1

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.50
LPN's	14.50
Certified Aides	53.50
Other Health Staff	0.00
Non-Health Staff	49.00
Totals	125.50

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
60.4%	19.3%	0.0%	0.9%	19.5%	100.0%		
5,847,252	1,864,937	4,138	83,029	1,887,950	9,687,306	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Seymour Terrace
1504 16th Street

Reference Numbers

Facility ID	6014203	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Colleen Brooks

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	6
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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
TOTALS	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2158	98.5%	0	0	0	0	2158	98.5%	98.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2158	98.5%	0	0	0	0	2158	98.5%	98.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	1	0	0	0	1	1
18 to 44	0	0	0	0	2		0	0	2		
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	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
TOTALS	0	0	0	0	2		0	0	2		

Seymour Terrace
1504 16th Street

Classification Numbers

Facility ID	6014203	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0		0	
Total	0	0		0	

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	5	0	5
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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
0.0%	90.1%	0.5%	0.0%	9.4%	100.0%		
0	400,625	2,107	0	41,856	444,588	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Shady Oaks East
16240 S. Parker Rd.
Homer Glen, IL. 60491

Reference Numbers

Facility ID	6014047	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Daniel Asencio

Contact Person and Telephone
Daniel Asencio
708-301-6870

Registered Agent Information
Craig P. Colmer
1001 E. Touhy Ave. Suite 50
Des Plaines, IL 60018

Date Questionnaire Completed 4/13/2018

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	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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	15	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	15	15	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			16	0.3%	0	0	0	0	16	0.3%	0.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	16	0.3%	0	0	0	0	16	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	2	0	0	4	2	6
45 to 59	0	0	0	0	4	0	0	0	4	0	4
60 to 64	0	0	0	0	3	0	0	0	3	0	3
65 to 74	0	0	0	0	2	0	0	0	2	0	2
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
TOTALS	0	0	0	0	13	2	0	0	13	2	15

Shady Oaks East
16240 S. Parker Rd.
Homer Glen, IL. 60491

Classification Numbers

Facility ID	6014047	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	2.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	6.00
Totals	23.00

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
0.0%	87.7%	0.0%	0.0%	12.3%	100.0%		
0	891,087	0	0	125,047	1,016,134	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Shady Oaks West
16220 S. Parker Rd.
Homer Glen, IL. 60491

Reference Numbers

Facility ID	6014245	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Daniel Asencio

Contact Person and Telephone
Daniel Asencio
708-301-6870

Registered Agent Information
Craig P. Colmer
1001 E. Touhy Ave. Suite 50
Des Plaines, IL 60018

Date Questionnaire Completed 4/13/2018

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	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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			16	0.3%	0	0	0	0	16	0.3%	0.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	16	0.3%	0	0	0	0	16	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	6	2	0	0	6	2	8
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	12	4	0	0	12	4	16

Shady Oaks West
16220 S. Parker Rd.
Homer Glen, IL. 60491

Classification Numbers

Facility ID	6014245	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	2.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	6.00
Totals	23.00

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
0.0%	90.5%	0.0%	0.0%	9.5%	100.0%		
0	1,050,471	0	0	110,843	1,161,314	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Shannon House
6300 N. Ridge Ave.
Chicago, IL. 60660

Reference Numbers

Facility ID	6010326	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Kristin Nichols

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave
Chicago, IL 60660

Date Questionnaire Completed 3/28/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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
TOTALS	12

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	######	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	######	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	5	0	0	0	5	5
45 to 59	0	0	0	0	0	6	0	0	0	6	6
60 to 64	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	0	12	0	0	0	12	12

Shannon House
6300 N. Ridge Ave.
Chicago, IL. 60660

Classification Numbers

Facility ID	6010326	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	12	0	12
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.22
Physicians	0.09
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	10.22
Other Health Staff	2.40
Non-Health Staff	0.23
Totals	13.27

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
0.0%	85.5%	0.0%	0.0%	14.5%	100.0%		
0	645,747	0	0	109,450	755,197	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sharon Health Care Woods
3223 West Richwoods Boulevard
Peoria, IL. 61604

Reference Numbers

Facility ID	6007926	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

Administrator
Bobby Ford

Contact Person and Telephone
Bobby Ford
309-685-5241

Registered Agent Information
Gary Weintraub
465 Central Avenue Suite 100
Northfield, IL 60093

Date Questionnaire Completed 4/9/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	139
Total Admissions 2017	70
Total Discharges 2017	67
Residents on 12/31/2017	142

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	142
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
TOTALS	142

Total Residents Diagnosed as Mentally Ill 142

Total Residents Reported as Identified Offenders 29

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	152	152	147	152	142	10	0	152
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	152	152	147	152	142	10	0	152

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	50117	90.3%	5	0	0	0	50122	90.3%	90.3%
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%
TOTALS	0	0.0%	50117	90.3%	5	0	0	0	50122	90.3%	90.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	30	20	0	0	0	0	0	0	30	20	50
45 to 59	36	17	0	0	0	0	0	0	36	17	53
60 to 64	9	12	0	0	0	0	0	0	9	12	21
65 to 74	11	6	0	0	0	0	0	0	11	6	17
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
TOTALS	86	56	0	0	0	0	0	0	86	56	142

Sharon Health Care Woods
3223 West Richwoods Boulevard
Peoria, IL. 61604

Classification Numbers

Facility ID	6007926	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	142	0	0	0	0	142
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	142	0	0	0	0	142

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	27	0	0	0	27
Hawaiian/Pacific Isl.	0	0	0	0	0
White	115	0	0	0	115
Race Unknown	0	0	0	0	0
Total	142	0	0	0	142

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	7.00
Certified Aides	18.00
Other Health Staff	25.00
Non-Health Staff	36.00
Totals	94.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	5,191,524	582	0	0	5,192,106	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sharon Healthcare Elms
611 N. Rochelle Lane
Peoria, IL. 61604

Reference Numbers

Facility ID	6007306	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

Administrator
Sharyl Ford

Contact Person and Telephone
Sharyl Ford
309-688-4412 ext.151

Registered Agent Information
Gary Weintraub
465 N. Central Ave. , Suite100
Northfield, IL 60093

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	72
Total Admissions 2017	57
Total Discharges 2017	58
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	6
Blood Disorders	4
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	12
Developmental Disability	1
Circulatory System	4
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	14
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	71

Total Residents Diagnosed as Mentally Ill 22

Total Residents Reported as Identified Offenders 18

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	0	98	71	27	0	98
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	98	98	0	98	71	27	0	98

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5606	0.0%	19794	55.3%	2141	0	372	0	27913	78.0%	78.0%
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%
TOTALS	5606	0.0%	19794	55.3%	2141	0	372	0	27913	78.0%	78.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	8	9	0	0	0	0	0	0	8	9	17
60 to 64	10	7	0	0	0	0	0	0	10	7	17
65 to 74	15	5	0	0	0	0	0	0	15	5	20
75 to 84	6	3	0	0	0	0	0	0	6	3	9
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	43	28	0	0	0	0	0	0	43	28	71

Sharon Healthcare Elms
611 N. Rochelle Lane
Peoria, IL. 61604

Classification Numbers

Facility ID	6007306	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	59	0	0	5	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	59	0	0	5	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	1	0	0	0	1

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	11.00
Certified Aides	35.00
Other Health Staff	9.00
Non-Health Staff	37.00
Totals	102.00

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
31.0%	57.9%	8.7%	0.0%	2.4%	100.0%		
1,698,261	3,176,116	475,408	0	132,397	5,482,182	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sharon Healthcare Pines
3614 N. Rochelle Lane
Peoria, IL. 61604

Reference Numbers

Facility ID	6007298	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

Administrator
Randall Bauer

Contact Person and Telephone
Randall Bauer
309-688-0350

Registered Agent Information
Gary Weintraub
465 Central Avenue
Northfield, IL 60093

Date Questionnaire Completed 4/2/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	100
Total Admissions 2017	33
Total Discharges 2017	40
Residents on 12/31/2017	93

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	21
Alzheimer Disease	2
Mental Illness	24
Developmental Disability	1
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	36
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	93

Total Residents Diagnosed as Mentally Ill 29

Total Residents Reported as Identified Offenders 20

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	116	116	103	116	93	23	0	116
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	116	116	103	116	93	23	0	116

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	33437	79.0%	365	0	596	0	34398	81.2%	81.2%
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%
TOTALS	0	0.0%	33437	79.0%	365	0	596	0	34398	81.2%	81.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	24	18	0	0	0	0	0	0	24	18	42
45 to 59	26	17	0	0	0	0	0	0	26	17	43
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	2	1	0	0	0	0	0	0	2	1	3
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
TOTALS	55	38	0	0	0	0	0	0	55	38	93

Sharon Healthcare Pines
3614 N. Rochelle Lane
Peoria, IL. 61604

Classification Numbers

Facility ID	6007298	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	90	1	0	2	0	93
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	90	1	0	2	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	0	0	0	0	0
Total	93	0	0	0	93

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	6.00
Certified Aides	35.00
Other Health Staff	5.00
Non-Health Staff	40.00
Totals	94.00

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
0.0%	95.8%	1.5%	0.0%	2.7%	100.0%		
0	4,084,829	63,253	0	113,850	4,261,932	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHARON HEALTHCARE WILLOWS
3520 NORTH ROCHELLE
Peoria, IL. 61604

Reference Numbers

Facility ID	6007272	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

Administrator
CINDY STRIBLEY

Contact Person and Telephone
RICARD DUROS
847-441-8200

Registered Agent Information
GARY WEINTRAUB
465 CENTRAL AVE
Northfield, IL 60093

Date Questionnaire Completed 3/28/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	160
Total Admissions 2017	62
Total Discharges 2017	64
Residents on 12/31/2017	158

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	49
Alzheimer Disease	6
Mental Illness	62
Developmental Disability	0
Circulatory System	0
Respiratory System	28
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
TOTALS	158

Total Residents Diagnosed as Mentally Ill 62

Total Residents Reported as Identified Offenders 49

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	218	218	167	218	158	60	0	218
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	218	218	167	218	158	60	0	218

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	55227	69.4%	744	0	719	0	56690	71.2%	71.2%
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%
TOTALS	0	0.0%	55227	69.4%	744	0	719	0	56690	71.2%	71.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	0	0	0	0	0	0	0	3	0	3
45 to 59	34	26	0	0	0	0	0	0	34	26	60
60 to 64	26	15	0	0	0	0	0	0	26	15	41
65 to 74	19	22	0	0	0	0	0	0	19	22	41
75 to 84	9	4	0	0	0	0	0	0	9	4	13
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	91	67	0	0	0	0	0	0	91	67	158

SHARON HEALTHCARE WILLOWS
3520 NORTH ROCHELLE
Peoria, IL. 61604

Classification Numbers

Facility ID	6007272	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	154	3	0	1	0	158
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	154	3	0	1	0	158

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	21	0	0	0	21
Hawaiian/Pacific Isl.	0	0	0	0	0
White	135	0	0	0	135
Race Unknown	0	0	0	0	0
Total	158	0	0	0	158

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	158	0	0	0	158
Ethnicity Unknown	0	0	0	0	0
Total	158	0	0	0	158

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	12.00
Certified Aides	41.00
Other Health Staff	0.00
Non-Health Staff	53.00
Totals	121.00

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
0.0%	96.4%	2.2%	0.0%	1.3%	100.0%		
0	7,900,620	183,394	0	108,300	8,192,314	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

7/14/2016 Facility discontinued 1 Nursing Care bed; facility now has 218 Nursing Care beds.

Shawnee Christian Village
1901 North 13th Street
Herrin, IL. 62948

Reference Numbers

Facility ID	6008528	
Health Service Area	005	
Planning Service Area	199	Williamson
County	199	Williamson County

Administrator
Carol Curry

Contact Person and Telephone
Carol Curry
618-942-7391

Registered Agent Information
Jake Bell
1901 North 13th STreet
Herrin, IL 62948

Date Questionnaire Completed 4/3/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	112
Total Admissions 2017	258
Total Discharges 2017	259
Residents on 12/31/2017	111

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	20
Alzheimer Disease	11
Mental Illness	15
Developmental Disability	0
Circulatory System	21
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	4
Musculo-skeletal Disorders	14
Injuries and Poisonings	6
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	111

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	159	129	119	129	111	48	83	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	129	119	129	111	48	83	159

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7414	24.5%	24209	41.7%	0	121	9814	0	41558	71.6%	88.3%
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%
TOTALS	7414	24.5%	24209	41.7%	0	121	9814	0	41558	71.6%	88.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	20	20	0	0	0	0	0	0	20	20	40
85+	9	41	0	0	0	0	0	0	9	41	50
TOTALS	36	75	0	0	0	0	0	0	36	75	111

Shawnee Christian Village
1901 North 13th Street
Herrin, IL. 62948

Classification Numbers

Facility ID	6008528	
Health Service Area	005	
Planning Service Area	199	Williamson
County	199	Williamson County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	73	0	0	16	0	111
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	73	0	0	16	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	111	0	0	0	111
Race Unknown	0	0	0	0	0
Total	111	0	0	0	111

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	0	111

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	19.00
Certified Aides	50.00
Other Health Staff	5.00
Non-Health Staff	42.00
Totals	130.00

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
37.9%	0.0%	50.2%	1.0%	10.9%	100.0%		
3,026,502	0	4,011,886	78,791	873,545	7,990,724	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Shawnee Rose Care Center
1000 West Sloan Street
Harrisburg, IL. 62946

Reference Numbers

Facility ID	6004055	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline
County	165	Saline County

Administrator
Katherine Johnson

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/20/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	35
Total Admissions 2017	37
Total Discharges 2017	45
Residents on 12/31/2017	27

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	1
Developmental Disability	0
Circulatory System	3
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	27

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	68	68	32	68	27	41	60	68
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	68	68	32	68	27	41	60	68

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1258	5.7%	7045	28.4%	0	0	1906	0	10209	41.1%	41.1%
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%
TOTALS	1258	5.7%	7045	28.4%	0	0	1906	0	10209	41.1%	41.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	1	0	0	0	0	0	0	4	1	5
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	7	1	0	0	0	0	0	0	7	1	8
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	1	7	0	0	0	0	0	0	1	7	8
TOTALS	14	13	0	0	0	0	0	0	14	13	27

Shawnee Rose Care Center
1000 West Sloan Street
Harrisburg, IL. 62946

Classification Numbers

Facility ID	6004055	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline
County	165	Saline County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	18	0	0	3	0	27
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	18	0	0	3	0	27

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	27	0	0	0	27
Race Unknown	0	0	0	0	0
Total	27	0	0	0	27

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	27	0	0	0	27
Ethnicity Unknown	0	0	0	0	0
Total	27	0	0	0	27

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	3.00
Certified Aides	8.00
Other Health Staff	9.00
Non-Health Staff	0.00
Totals	23.00

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
17.8%	63.0%	0.0%	1.0%	18.2%	100.0%		
244,218	866,446	0	14,336	249,717	1,374,717	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

6/20/2016 Change of Ownership occurred.

Shelbyville Manor
1111 West North 12th Street
Shelbyville, IL. 62510

Reference Numbers

Facility ID	6008544	
Health Service Area	004	
Planning Service Area	173	Shelby
County	173	Shelby County

Administrator
Karen Dailey

Contact Person and Telephone
Karen Dailey
217-774-2111

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 3/12/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	63
Total Admissions 2017	154
Total Discharges 2017	147
Residents on 12/31/2017	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	21
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	70

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	109	109	75	109	70	39	109	109
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	109	109	75	109	70	39	109	109

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5501	13.8%	14104	35.5%	471	496	12374	0	32946	82.8%	82.8%
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%
TOTALS	5501	13.8%	14104	35.5%	471	496	12374	0	32946	82.8%	82.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	6	0	0	0	0	0	0	2	6	8
75 to 84	3	17	0	0	0	0	0	0	3	17	20
85+	9	32	0	0	0	0	0	0	9	32	41
TOTALS	15	55	0	0	0	0	0	0	15	55	70

Shelbyville Manor
1111 West North 12th Street
Shelbyville, IL. 62510

Classification Numbers

Facility ID	6008544	
Health Service Area	004	
Planning Service Area	173	Shelby
County	173	Shelby County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	40	0	0	19	0	70
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	40	0	0	19	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	8.00
Certified Aides	42.00
Other Health Staff	3.00
Non-Health Staff	26.00
Totals	89.00

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
43.2%	28.8%	0.9%	1.0%	26.0%	100.0%		
3,023,085	2,015,700	65,851	73,091	1,820,849	6,998,576	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Shelbyville Rehabilitation and Health Care Center
2116 W S 3rd & Dacey Drive
Shelbyville, IL. 62565

Reference Numbers

Facility ID	6008536	
Health Service Area	004	
Planning Service Area	173	Shelby
County	173	Shelby County

Administrator
Christina Brishke

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/14/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	35
Total Admissions 2017	23
Total Discharges 2017	16
Residents on 12/31/2017	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	7
Mental Illness	11
Developmental Disability	3
Circulatory System	8
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	80	49	80	42	38	12	80
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	80	80	49	80	42	38	12	80

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2	0.0%	22	0.1%	7	1	10	0	42	0.1%	0.1%
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%
TOTALS	2	0.0%	22	0.1%	7	1	10	0	42	0.1%	0.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	5	3	0	0	0	0	0	0	5	3	8
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	5	9	0	0	0	0	0	0	5	9	14
TOTALS	19	23	0	0	0	0	0	0	19	23	42

Shelbyville Rehabilitation and Health Care Center
2116 W S 3rd & Dacey Drive
Shelbyville, IL. 62565

Classification Numbers

Facility ID	6008536	
Health Service Area	004	
Planning Service Area	173	Shelby
County	173	Shelby County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	22	7	1	10	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	22	7	1	10	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	7.00
Totals	30.00

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
6.8%	73.4%	0.0%	1.1%	18.7%	100.0%		
152,966	1,653,249	0	25,467	421,063	2,252,745	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sheldon Health Care Center
170 W. Concord St.
Sheldon, IL. 60966

Reference Numbers

Facility ID	6008569	
Health Service Area	004	
Planning Service Area	075	Iroquois
County	075	Iroquois County

Administrator
Tina L. Gooding

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/19/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	24
Total Admissions 2017	14
Total Discharges 2017	17
Residents on 12/31/2017	21

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	9
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
TOTALS	21

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	31	31	26	31	21	10	0	31
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	31	31	26	31	21	10	0	31

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	6729	59.5%	1147	0	1115	0	8991	79.5%	79.5%
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%
TOTALS	0	0.0%	6729	59.5%	1147	0	1115	0	8991	79.5%	79.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	6	0	0	0	0	0	0	0	6	6
85+	3	10	0	0	0	0	0	0	3	10	13
TOTALS	5	16	0	0	0	0	0	0	5	16	21

Sheldon Health Care Center
170 W. Concord St.
Sheldon, IL. 60966

Classification Numbers

Facility ID	6008569	
Health Service Area	004	
Planning Service Area	075	Iroquois
County	075	Iroquois County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	18	0	0	3	0	21
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	18	0	0	3	0	21

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	21	0	0	0	21
Race Unknown	0	0	0	0	0
Total	21	0	0	0	21

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	21	0	0	0	21
Ethnicity Unknown	0	0	0	0	0
Total	21	0	0	0	21

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	1.00
Certified Aides	6.00
Other Health Staff	0.00
Non-Health Staff	7.00
Totals	19.00

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
0.0%	80.8%	0.0%	0.0%	19.2%	100.0%		
0	853,620	0	0	203,470	1,057,090	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sheltered Village
600 Borden St
Woodstock, IL. 60098

Reference Numbers

Facility ID	6008577	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

Administrator
Robert M Norris

Contact Person and Telephone
Robert M Norris
815-338-6440 ex 112

Registered Agent Information
Amy McCue
1513 Ronzheimer Ave
St Charles, IL 60174

Date Questionnaire Completed 4/10/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	89
Total Admissions 2017	7
Total Discharges 2017	5
Residents on 12/31/2017	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	91
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
TOTALS	91

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	96	96	93	96	91	5		94
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	96	96	93	96	91	5	0	94

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			32726	95.4%	0	238	0	0	32964	94.1%	94.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	32726	95.4%	0	238	0	0	32964	94.1%	94.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	8	12	0	0	8	12	20
45 to 59	0	0	0	0	18	11	0	0	18	11	29
60 to 64	0	0	0	0	8	10	0	0	8	10	18
65 to 74	0	0	0	0	10	6	0	0	10	6	16
75 to 84	0	0	0	0	3	2	0	0	3	2	5
85+	0	0	0	0	3	0	0	0	3	0	3
TOTALS	0	0	0	0	50	41	0	0	50	41	91

Sheltered Village
600 Borden St
Woodstock, IL. 60098

Classification Numbers

Facility ID	6008577	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		91	0	0	0	0	91
Sheltered Care			0	0	0	0	0
TOTALS	0	91	0	0	0	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	86	0	86
Race Unknown	0	0	0	0	0
Total	0	0	91	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	87	0	87
Ethnicity Unknown	0	0	0	0	0
Total	0	0	91	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.65
LPN's	5.96
Certified Aides	41.93
Other Health Staff	14.93
Non-Health Staff	17.69
Totals	89.16

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%	64.8%	19.2%	0.0%	16.0%	100.0%		
0	3,529,130	1,045,754	0	874,119	5,449,003	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHERIDAN SHORES CARE & REHAB
5838 NORTH SHERIDAN ROAD
Chicago, IL. 60660

Reference Numbers

Facility ID	6002687	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 77 - Edgewater

Administrator
Nachum Langsner

Contact Person and Telephone
Erina Wittrock
773-769-2230

Registered Agent Information
HOLLY TURNER
2201 MAIN STREET
Evanston, IL 60202

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	177
Total Admissions 2017	64
Total Discharges 2017	59
Residents on 12/31/2017	182

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	36
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	58
Developmental Disability	0
Circulatory System	42
Respiratory System	23
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	182

Total Residents Diagnosed as Mentally Ill 173

Total Residents Reported as Identified Offenders 41

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	191	191	186	191	182	9	63	191
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	191	191	186	191	182	9	63	191

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2307	10.0%	61730	88.5%	260	191	782	0	65270	93.6%	93.6%
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%
TOTALS	2307	10.0%	61730	88.5%	260	191	782	0	65270	93.6%	93.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	1	0	0	0	0	0	0	5	1	6
45 to 59	29	17	0	0	0	0	0	0	29	17	46
60 to 64	23	16	0	0	0	0	0	0	23	16	39
65 to 74	29	31	0	0	0	0	0	0	29	31	60
75 to 84	13	12	0	0	0	0	0	0	13	12	25
85+	4	2	0	0	0	0	0	0	4	2	6
TOTALS	103	79	0	0	0	0	0	0	103	79	182

SHERIDAN SHORES CARE & REHAB
5838 NORTH SHERIDAN ROAD
Chicago, IL. 60660

Classification Numbers

Facility ID	6002687	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 77 - Edgewater

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	173	0	0	2	0	182
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	173	0	0	2	0	182

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	79	0	0	0	79
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	11	0	0	0	11
Total	182	0	0	0	182

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	171	0	0	0	171
Ethnicity Unknown	0	0	0	0	0
Total	182	0	0	0	182

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	19.00
Certified Aides	43.00
Other Health Staff	14.00
Non-Health Staff	41.00
Totals	129.00

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
9.9%	87.6%	0.4%	0.8%	1.3%	100.0%		
1,037,648	9,141,821	39,114	82,516	133,130	10,434,229	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sherman West Court
1950 Larkin Avenue
Elgin, IL. 60177

Reference Numbers

Facility ID	6012827	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Marco Angelo Del Castillo

Contact Person and Telephone
Marco Angelo Del Castillo
224-783-5275

Registered Agent Information
Michael Grebe
3075 Highland Parkway Suite 600
Downers Grove, IL 60515

Date Questionnaire Completed 4/15/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	64
Total Admissions 2017	965
Total Discharges 2017	960
Residents on 12/31/2017	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	7
Injuries and Poisonings	12
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	112	112	69	112	69	43	74	12
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	112	112	69	112	69	43	74	12

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10702	39.6%	1161	26.5%	0	5838	6756	297	24754	60.6%	60.6%
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%
TOTALS	10702	39.6%	1161	26.5%	0	5838	6756	297	24754	60.6%	60.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	1	2	3
65 to 74	2	10	0	0	0	0	0	0	2	10	12
75 to 84	11	18	0	0	0	0	0	0	11	18	29
85+	6	16	0	0	0	0	0	0	6	16	22
TOTALS	21	48	0	0	0	0	0	0	21	48	69

Sherman West Court
1950 Larkin Avenue
Elgin, IL. 60177

Classification Numbers

Facility ID	6012827	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	5	0	22	17	1	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	5	0	22	17	1	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.10
LPN's	0.00
Certified Aides	16.70
Other Health Staff	10.70
Non-Health Staff	38.20
Totals	84.70

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
53.0%	2.6%	0.0%	31.8%	12.5%	100.0%		
8,501,207	420,666	0	5,098,474	2,011,876	16,032,223	67,656	0.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Shore Homes East
503 Michigan Avenue
Evanston, IL. 60202

Reference Numbers

Facility ID	6006639	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

Administrator
Clare Lane

Contact Person and Telephone
Alexandra Halilovic
847-982-2030 Ext. 229

Registered Agent Information
Debora Braun
8350 Laramie Avenue
Skokie, IL 60077

Date Questionnaire Completed 4/6/2018

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	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	12
Total Admissions 2017	0
Total Discharges 2017	1
Residents on 12/31/2017	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
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
TOTALS	11

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	11	12	11	1		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	11	12	11	1	0	12

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4203	96.0%	0	0	0	0	4203	96.0%	96.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4203	96.0%	0	0	0	0	4203	96.0%	96.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	1	0	0	0	1	1
45 to 59	0	0	0	0	4	2	0	0	4	2	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	2	0	0	1	2	3
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
TOTALS	0	0	0	0	6	5	0	0	6	5	11

Shore Homes East
503 Michigan Avenue
Evanston, IL. 60202

Classification Numbers

Facility ID	6006639	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	7	0	7
Race Unknown	0	0	0	0	0
Total	0	0	10	0	10

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	10	0	10
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	5.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	9.00

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
0.0%	64.8%	35.2%	0.0%	0.0%	100.0%		
0	234,349	127,423	0	0	361,772	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SKOKIE MEADOWS BEHAVIORAL HEALTH CENT
4600 GOLF RD
Skokie, IL. 60076

Reference Numbers

Facility ID	6008643	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

Administrator
JOAN WILLEY

Contact Person and Telephone
MARK APPEL
847-679-4161

Registered Agent Information
MARK APPEL
9615 N KNOX AVE
Skokie, IL 60076

Date Questionnaire Completed 4/17/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	85
Total Admissions 2017	7
Total Discharges 2017	16
Residents on 12/31/2017	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	76
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
TOTALS	76

Total Residents Diagnosed as Mentally Ill 76

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	89	85	85	85	76	13	0	111
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	89	85	85	85	76	13	0	111

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	17707	43.7%	10603	0	720	0	29030	89.4%	93.6%
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%
TOTALS	0	0.0%	17707	43.7%	10603	0	720	0	29030	89.4%	93.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	0	0	0	0	0	0	0	9	0	9
45 to 59	19	1	0	0	0	0	0	0	19	1	20
60 to 64	14	1	0	0	0	0	0	0	14	1	15
65 to 74	28	4	0	0	0	0	0	0	28	4	32
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
TOTALS	70	6	0	0	0	0	0	0	70	6	76

SKOKIE MEADOWS BEHAVIORAL HEALTH CENT
4600 GOLF RD
Skokie, IL. 60076

Classification Numbers

Facility ID	6008643	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	46	28	0	2	0	76
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	46	28	0	2	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	0	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	1.00
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	50.00

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
0.0%	56.8%	40.1%	0.0%	3.1%	100.0%		
0	1,971,562	1,392,630	0	108,449	3,472,641	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SMITH CROSSING
10501 EMILIE LANE
Orland Park, IL. 60467

Reference Numbers

Facility ID	6016059	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Frank Guajardo

Contact Person and Telephone
Frank Guajardo
708-326-2326

Registered Agent Information
CT Corporation system
208 South LaSalle St. Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/12/2018

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	38
Total Admissions 2017	174
Total Discharges 2017	170
Residents on 12/31/2017	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	0
Circulatory System	8
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	46	46	46	46	42	4	46	30
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	46	46	46	46	42	4	46	30

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4324	25.8%	1267	11.6%	0	0	8801	0	14392	85.7%	85.7%
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%
TOTALS	4324	25.8%	1267	11.6%	0	0	8801	0	14392	85.7%	85.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	1	9	0	0	0	0	0	0	1	9	10
85+	6	25	0	0	0	0	0	0	6	25	31
TOTALS	8	34	0	0	0	0	0	0	8	34	42

SMITH CROSSING
10501 EMILIE LANE
Orland Park, IL. 60467

Classification Numbers

Facility ID	6016059	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	3	0	0	25	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	3	0	0	25	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.50
LPN's	2.00
Certified Aides	20.50
Other Health Staff	19.50
Non-Health Staff	73.50
Totals	128.00

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
47.6%	8.7%	0.0%	0.0%	43.7%	100.0%		
3,429,131	629,802	0	0	3,151,732	7,210,665	122,000	1.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Smith Square
7401 34th Avenue
Moline, IL. 61265

Reference Numbers

Facility ID	6008668	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

Administrator
Jennifer Terronez

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	2	0	0	0	2	2
45 to 59	0	0	0	0	4	4	0	0	4	4	8
60 to 64	0	0	0	0	4	1	0	0	4	1	5
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Smith Square
7401 34th Avenue
Moline, IL. 61265

Classification Numbers

Facility ID	6008668	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	16	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	0	16	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	75.3%	0.0%	0.0%	24.7%	100.0%		
0	552,026	0	0	181,358	733,384	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Smith Village
2320 W. 113th Place
Chicago, IL. 60643

Reference Numbers

Facility ID	6009732	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 75 - Morgan Park

Administrator
Marti Jatis

Contact Person and Telephone
Marti Jatis
773-474-7314

Registered Agent Information
CT Corporation
208 S. LaSalle St #814
Chicago, IL 60604

Date Questionnaire Completed 4/13/2018

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	91
Total Admissions 2017	239
Total Discharges 2017	246
Residents on 12/31/2017	84

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	16
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	6
Injuries and Poisonings	6
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	84

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	100	100	94	100	84	16	100	100
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	100	100	94	100	84	16	100	100

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8019	22.0%	1510	4.1%	0	29	22413	0	31971	87.6%	87.6%
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%
TOTALS	8019	22.0%	1510	4.1%	0	29	22413	0	31971	87.6%	87.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	15	46	0	0	0	0	0	0	15	46	61
TOTALS	24	60	0	0	0	0	0	0	24	60	84

Smith Village
2320 W. 113th Place
Chicago, IL. 60643

Classification Numbers

Facility ID	6009732	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 75 - Morgan Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	3	0	0	55	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	3	0	0	55	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.90
LPN's	16.90
Certified Aides	48.50
Other Health Staff	6.00
Non-Health Staff	91.40
Totals	178.70

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
34.8%	5.9%	0.0%	0.0%	59.2%	100.0%		
4,022,767	685,831	0	0	6,837,245	11,545,843	748,000	6.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Snyder Village
1200 E. Partridge
Metamora, IL. 61548-7815

Reference Numbers

Facility ID	6011464	
Health Service Area	002	
Planning Service Area	203	Woodford
County	203	Woodford County

Administrator
Heather O'Brien

Contact Person and Telephone
Heather O'Brien
309-366-4113

Registered Agent Information
Tammy Waterworth
1200 East Partridge
Metamora, IL 61548

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	83
Total Admissions 2017	157
Total Discharges 2017	150
Residents on 12/31/2017	90

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	22
Injuries and Poisonings	4
Other Medical Conditions	45
Non-Medical Conditions	0
TOTALS	90

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	104	0	95	0	90	14	104	104
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	104	0	95	0	90	14	104	104

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2251	5.9%	7649	20.2%	0	659	21343	440	32342	85.2%	0.0%
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%
TOTALS	2251	5.9%	7649	20.2%	0	659	21343	440	32342	85.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	18	43	0	0	0	0	0	0	18	43	61
TOTALS	29	61	0	0	0	0	0	0	29	61	90

Snyder Village
1200 E. Partridge
Metamora, IL. 61548-7815

Classification Numbers

Facility ID	6011464	
Health Service Area	002	
Planning Service Area	203	Woodford
County	203	Woodford County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	17	0	5	61	0	90
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	17	0	5	61	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	0	0	0	0	0
Total	90	0	0	0	90

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	0	0	0	0	0
Total	90	0	0	0	90

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	10.00
Certified Aides	25.00
Other Health Staff	5.00
Non-Health Staff	41.00
Totals	90.00

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
6.5%	26.3%	0.0%	1.9%	65.3%	100.0%		
516,954	2,078,448	0	146,452	5,168,403	7,910,257	108,656	1.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

South Elgin Rehabilitation & HCC
746 W. Spring ST.
South Elgin, IL. 60177

Reference Numbers

Facility ID	6008718	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Susan Held

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/9/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	76
Total Admissions 2017	70
Total Discharges 2017	77
Residents on 12/31/2017	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	12
*Nervous System Non Alzheimer	8
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	4
Circulatory System	14
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	90	71	90	69	21	14	90
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	90	90	71	90	69	21	14	90

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2206	43.2%	23299	70.9%	0	0	750	0	26255	79.9%	79.9%
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%
TOTALS	2206	43.2%	23299	70.9%	0	0	750	0	26255	79.9%	79.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	9	5	0	0	0	0	0	0	9	5	14
60 to 64	10	6	0	0	0	0	0	0	10	6	16
65 to 74	7	9	0	0	0	0	0	0	7	9	16
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	6	3	0	0	0	0	0	0	6	3	9
TOTALS	39	30	0	0	0	0	0	0	39	30	69

South Elgin Rehabilitation & HCC
746 W. Spring ST.
South Elgin, IL. 60177

Classification Numbers

Facility ID	6008718	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	47	16	0	2	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	47	16	0	2	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	2	0	0	0	2
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	5.00
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	38.00

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
9.6%	83.4%	0.0%	0.7%	6.4%	100.0%		
417,496	3,631,046	0	28,672	276,849	4,354,063	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

South Suburban Rehabilitation Center
19000 S. Halsted St.
Homewood, IL. 60430

Reference Numbers

Facility ID	6016497	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

Administrator
Sherri Mitchell

Contact Person and Telephone
Sherri Mitchell
708-957-9200

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	188
Total Admissions 2017	209
Total Discharges 2017	242
Residents on 12/31/2017	155

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	3
Mental Illness	17
Developmental Disability	0
Circulatory System	46
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	46
Non-Medical Conditions	0
TOTALS	155

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	259	223	187	223	155	104	259	259
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	259	223	187	223	155	104	259	259

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3703	3.9%	53191	56.3%	0	634	3178	0	60706	64.2%	74.6%
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%
TOTALS	3703	3.9%	53191	56.3%	0	634	3178	0	60706	64.2%	74.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	8	9	0	0	0	0	0	0	8	9	17
60 to 64	8	5	0	0	0	0	0	0	8	5	13
65 to 74	20	16	0	0	0	0	0	0	20	16	36
75 to 84	22	29	0	0	0	0	0	0	22	29	51
85+	6	29	0	0	0	0	0	0	6	29	35
TOTALS	66	89	0	0	0	0	0	0	66	89	155

South Suburban Rehabilitation Center
19000 S. Halsted St.
Homewood, IL. 60430

Classification Numbers

Facility ID	6016497	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	137	0	0	7	0	155
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	137	0	0	7	0	155

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	113	0	0	0	113
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	155	0	0	0	155

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.68
LPN's	26.25
Certified Aides	44.10
Other Health Staff	2.58
Non-Health Staff	48.33
Totals	130.94

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
14.6%	77.7%	0.0%	2.5%	5.2%	100.0%		
1,650,887	8,804,316	0	279,194	594,236	11,328,633	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Southgate Health Care Center
900 East 9t Street, P.O. Box 843
Metropolis, IL. 62960

Reference Numbers

Facility ID	6008759	
Health Service Area	005	
Planning Service Area	087	Johnson/Massac
County	127	Massac County

Administrator
Rebekah Mahoney

Contact Person and Telephone
Sam Thompson
618-524-2683

Registered Agent Information
Jane Parker
600 Woodland Drive
Paducah, IL 42001

Date Questionnaire Completed 3/26/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	117
Total Admissions 2017	156
Total Discharges 2017	156
Residents on 12/31/2017	117

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	14
Mental Illness	26
Developmental Disability	0
Circulatory System	22
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	117

Total Residents Diagnosed as Mentally Ill 30

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	140	140	117	140	117	23	106	108
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	140	140	117	140	117	23	106	108

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3974	10.3%	22918	58.1%	2984	370	11666	0	41912	82.0%	82.0%
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%
TOTALS	3974	10.3%	22918	58.1%	2984	370	11666	0	41912	82.0%	82.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	2	0	2
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	11	5	0	0	0	0	0	0	11	5	16
75 to 84	9	28	0	0	0	0	0	0	9	28	37
85+	8	50	0	0	0	0	0	0	8	50	58
TOTALS	32	85	0	0	0	0	0	0	32	85	117

Southgate Health Care Center
900 East 9t Street, P.O. Box 843
Metropolis, IL. 62960

Classification Numbers

Facility ID	6008759	
Health Service Area	005	
Planning Service Area	087	Johnson/Massac
County	127	Massac County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	62	10	1	31	0	117
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	62	10	1	31	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	0	0	0	0	0
Total	117	0	0	0	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.25
LPN's	12.50
Certified Aides	48.50
Other Health Staff	26.00
Non-Health Staff	23.50
Totals	121.75

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
94.1%	0.0%	41.7%	48.2%	27.7%	211.8%		
235,944	-280,270	104,677	120,992	69,441	250,784	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Southpoint Nursing and Rehabilitation
1010 W. 95th Street
Chicago, IL. 60643

Reference Numbers

Facility ID	6014781	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 73 - Washington Hts.

Administrator
John Stare

Contact Person and Telephone
John Stare
773-298-1177

Registered Agent Information
Michele Bush
240 Fencl Lane
Hillside, IL 60162

Date Questionnaire Completed 4/4/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	181
Total Admissions 2017	439
Total Discharges 2017	444
Residents on 12/31/2017	176

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	13
Blood Disorders	33
*Nervous System Non Alzheimer	20
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	45
Respiratory System	12
Digestive System	25
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	176

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	228	228	192	228	176	52	228	228
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	228	228	192	228	176	52	228	228

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2601	3.1%	55374	66.5%	3292	4627	284	0	66178	79.5%	79.5%
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%
TOTALS	2601	3.1%	55374	66.5%	3292	4627	284	0	66178	79.5%	79.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	4	0	0	0	0	0	0	10	4	14
45 to 59	26	20	0	0	0	0	0	0	26	20	46
60 to 64	13	7	0	0	0	0	0	0	13	7	20
65 to 74	21	11	0	0	0	0	0	0	21	11	32
75 to 84	16	29	0	0	0	0	0	0	16	29	45
85+	2	17	0	0	0	0	0	0	2	17	19
TOTALS	88	88	0	0	0	0	0	0	88	88	176

Southpoint Nursing and Rehabilitation
1010 W. 95th Street
Chicago, IL. 60643

Classification Numbers

Facility ID	6014781	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 73 - Washington Hts.

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	153	0	17	0	0	176
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	153	0	17	0	0	176

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	174	0	0	0	174
Hawaiian/Pacific Isl.	0	0	0	0	0
White	2	0	0	0	2
Race Unknown	0	0	0	0	0
Total	176	0	0	0	176

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	176	0	0	0	176
Ethnicity Unknown	0	0	0	0	0
Total	176	0	0	0	176

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.30
LPN's	35.51
Certified Aides	62.48
Other Health Staff	0.00
Non-Health Staff	43.90
Totals	147.19

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
10.7%	81.5%	0.0%	7.5%	0.4%	100.0%		
1,519,597	11,626,573	0	1,063,107	55,150	14,264,427	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Southview Care, LLC
3311 South Michigan, Avenue
Chicago, IL. 60616

Reference Numbers

Facility ID	6001895	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 35 - Douglas

Administrator
Darnell Fortney

Contact Person and Telephone
Darnell Fortney
312-326-9101

Registered Agent Information
TM Healthcare Management
1S443 South Summit Avenue
Oakbrook Terrace, IL 60181

Date Questionnaire Completed 3/14/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	168
Total Admissions 2017	78
Total Discharges 2017	75
Residents on 12/31/2017	171

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	170
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	1
Non-Medical Conditions	0
TOTALS	171

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	200	0	0	200	171	29	42	200
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	200	0	0	200	171	29	42	200

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	170	0.2%	1	0	0	0	171	0.2%	0.0%
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%
TOTALS	0	0.0%	170	0.2%	1	0	0	0	171	0.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	16	11	0	0	0	0	0	0	16	11	27
45 to 59	52	28	0	0	0	0	0	0	52	28	80
60 to 64	22	10	0	0	0	0	0	0	22	10	32
65 to 74	15	8	0	0	0	0	0	0	15	8	23
75 to 84	4	4	0	0	0	0	0	0	4	4	8
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	110	61	0	0	0	0	0	0	110	61	171

Southview Care, LLC
3311 South Michigan, Avenue
Chicago, IL. 60616

Classification Numbers

Facility ID	6001895	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 35 - Douglas

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	170	1	0	0	0	171
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	170	1	0	0	0	171

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	144	0	0	0	144
Hawaiian/Pacific Isl.	0	0	0	0	0
White	20	0	0	0	20
Race Unknown	0	0	0	0	0
Total	165	0	0	0	165

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	165	0	0	0	165
Ethnicity Unknown	0	0	0	0	0
Total	171	0	0	0	171

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	28.00
Certified Aides	50.00
Other Health Staff	10.00
Non-Health Staff	69.00
Totals	164.00

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
2.2%	96.9%	0.8%	0.0%	0.1%	100.0%		
186,759	8,056,102	62,513	0	7,440	8,312,814	3,278	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sparta Terrace
1501 Melmar Dr.
Sparta, IL. 62286

Reference Numbers

Facility ID	6010433	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

Administrator
Karla Rogers

Contact Person and Telephone
Christina Durbin
217-825-4267

Registered Agent Information
Lawrence Manson
20180 Governors Drive Suite 300
Olympia Fields, IL 60461

Date Questionnaire Completed 4/10/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	11
Total Admissions 2017	5
Total Discharges 2017	1
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4277	73.2%	0	0	0	0	4277	73.2%	73.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4277	73.2%	0	0	0	0	4277	73.2%	73.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	1	0	0	2	1	3
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	2	2	0	0	2	2	4
65 to 74	0	0	0	0	2	2	0	0	2	2	4
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	8	7	0	0	8	7	15

Sparta Terrace
1501 Melmar Dr.
Sparta, IL. 62286

Classification Numbers

Facility ID	6010433	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	0.00
Other Health Staff	7.00
Non-Health Staff	0.50
Totals	8.00

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
0.0%	73.0%	0.0%	0.0%	27.0%	100.0%		
0	353,421	0	0	130,633	484,054	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Spaulding Terrace
16307 Spaulding Ave
Markham, IL. 60428

Reference Numbers

Facility ID	6013825	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

Administrator
Angela M. Noland

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	6
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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
TOTALS	6

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	1	0	0	0	1	1
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	0	2	0	0	0	2	2
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
TOTALS	0	0	0	0	2	4	0	0	2	4	6

Spaulding Terrace
16307 Spaulding Ave
Markham, IL. 60428

Classification Numbers

Facility ID	6013825	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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
0.0%	83.4%	1.4%	0.0%	15.3%	100.0%		
0	390,024	6,321	0	71,481	467,826	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Spring Creek Nursing and Rehab
777 Draper Avenue
Joliet, IL. 60475

Reference Numbers

Facility ID	6016786	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Tasha Mitchell

Contact Person and Telephone
Tasha Mitchell
815-727-4794

Registered Agent Information
Steve Miertzky
2201 Main St
Evanston, IL 60202

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	80
Total Admissions 2017	120
Total Discharges 2017	119
Residents on 12/31/2017	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	3
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	11
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	81

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	168	0	0	0	0	168	168	168
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	168	0	0	0	0	168	168	168

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	443	0.7%	155	0.3%	155	548	176	0	1477	2.4%	0.0%
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%
TOTALS	443	0.7%	155	0.3%	155	548	176	0	1477	2.4%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	6	5	0	0	0	0		0		5	
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	13	5	0	0	0	0	0	0	13	5	18
75 to 84	15	13	0	0	0	0	0	0	15	13	28
85+	4	16	0	0	0	0	0	0	4	16	20
TOTALS	39	42	0	0	0	0		0		42	

Spring Creek Nursing and Rehab
777 Draper Avenue
Joliet, IL. 60475

Classification Numbers

Facility ID	6016786	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	55	0	0	14	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	55	0	0	14	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	8	0	0	0	8

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	5.00
Director of Nursing	1.00
Registered Nurses	8.08
LPN's	16.11
Certified Aides	24.58
Other Health Staff	10.06
Non-Health Staff	24.50
Totals	91.33

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%	25.9%	1.4%	13.8%	29.0%	100.0%		
603,034	519,526	27,403	276,609	582,703	2,009,275	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Spring Creek Terrace
3155 East Mound Road
Decatur, IL. 62521

Reference Numbers

Facility ID	6012314	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
Jeremy Maupin

Contact Person and Telephone
Jeremy maupin
217-433-2720

Registered Agent Information
Christopher Ellis
202 South Franklin Street
Decatur, IL 62523

Date Questionnaire Completed 3/5/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	2
Total Discharges 2017	1
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			16	0.3%	0	0	0	0	16	0.3%	0.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	16	0.3%	0	0	0	0	16	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	0	0	0	3	0	3
45 to 59	0	0	0	0	3	4	0	0	3	4	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	4	0	0	1	4	5
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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Spring Creek Terrace
3155 East Mound Road
Decatur, IL. 62521

Classification Numbers

Facility ID	6012314	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	13.00

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
0.0%	84.9%	0.7%	0.0%	14.3%	100.0%		
0	811,359	7,016	0	137,101	955,476	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

St. Anthony's Nurisng and Rehab Center
767 30th St.
Rock Island, IL. 61201

Reference Numbers

Facility ID	6008866	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

Administrator
Rachel May

Contact Person and Telephone
Rachel May
309-788-7631

Registered Agent Information

Date Questionnaire Completed 3/30/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	106
Total Admissions 2017	99
Total Discharges 2017	97
Residents on 12/31/2017	108

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	34
Mental Illness	7
Developmental Disability	0
Circulatory System	12
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	108

Total Residents Diagnosed as Mentally Ill 26

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	130	126	113	126	108	22	52	130
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	130	126	113	126	108	22	52	130

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2752	14.5%	27840	58.7%	200	7102	886	0	38780	81.7%	84.3%
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%
TOTALS	2752	14.5%	27840	58.7%	200	7102	886	0	38780	81.7%	84.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	19	24	0	0	0	0	0	0	19	24	43
75 to 84	17	25	0	0	0	0	0	0	17	25	42
85+	4	7	0	0	0	0	0	0	4	7	11
TOTALS	45	63	0	0	0	0	0	0	45	63	108

St. Anthony's Nurisng and Rehab Center
767 30th St.
Rock Island, IL. 61201

Classification Numbers

Facility ID	6008866	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	81	0	3	15	0	108
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	81	0	3	15	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	1	0	0	0	1
Black	46	0	0	0	46
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	108	0	0	0	108

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	108	0	0	0	108

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.80
LPN's	15.80
Certified Aides	35.50
Other Health Staff	0.00
Non-Health Staff	27.30
Totals	83.40

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
24.4%	52.8%	0.0%	5.8%	17.0%	100.0%		
1,773,247	3,841,034	0	423,782	1,234,118	7,272,181	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

St. Clara's Manor
200 5th street
Lincoln, IL. 62656

Reference Numbers

Facility ID	6008890	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

Administrator
Michael Eads

Contact Person and Telephone
Michael Eads
217-735-1507

Registered Agent Information
Zachary Dinardo
1 N. Old State CApital Plaza
Springfield, IL 62705

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	82
Total Admissions 2017	64
Total Discharges 2017	68
Residents on 12/31/2017	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	2
Circulatory System	0
Respiratory System	2
Digestive System	6
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	25
Non-Medical Conditions	19
TOTALS	78

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	140	140	85	140	78	62	140	140
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	140	140	85	140	78	62	140	140

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2013	3.9%	17073	33.4%	0	0	8745	0	27831	54.5%	54.5%
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%
TOTALS	2013	3.9%	17073	33.4%	0	0	8745	0	27831	54.5%	54.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	3	0	0	0	0	0	0	2	3	5
65 to 74	10	11	0	0	0	0	0	0	10	11	21
75 to 84	10	8	0	0	0	0	0	0	10	8	18
85+	18	15	0	0	0	0	0	0	18	15	33
TOTALS	41	37	0	0	0	0	0	0	41	37	78

St. Clara's Manor
200 5th street
Lincoln, IL. 62656

Classification Numbers

Facility ID	6008890	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	38	0	0	33	0	78
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	38	0	0	33	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	15.00
Certified Aides	31.00
Other Health Staff	5.00
Non-Health Staff	22.00
Totals	82.00

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
24.5%	42.2%	0.0%	0.0%	33.3%	100.0%		
1,399,614	2,408,297	0	0	1,901,087	5,708,998	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

St. James Wellness and Rehab
1251 E Richton Rd
Crete, IL. 60417

Reference Numbers

Facility ID	6010664	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Jennifer Davey

Contact Person and Telephone
Jennifer Davey
708-367-4410

Registered Agent Information
David Aronin
2201 Main St
Evanston, IL 60202

Date Questionnaire Completed 4/2/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	92
Total Admissions 2017	249
Total Discharges 2017	259
Residents on 12/31/2017	82

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	1
Mental Illness	9
Developmental Disability	1
Circulatory System	26
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	12
Non-Medical Conditions	3
TOTALS	83

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	110	0	0	110	82	28	110	110
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	110	0	0	110	82	28	110	110

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10089	25.1%	18667	46.5%	0	0	3696	0	32452	80.8%	0.0%
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%
TOTALS	10089	25.1%	18667	46.5%	0	0	3696	0	32452	80.8%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	3	0	0	0	0	0	0	1	3	4
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	9	17	0	0	0	0	0	0	9	17	26
85+	6	32	0	0	0	0	0	0	6	32	38
TOTALS	21	61	0	0	0	0	0	0	21	61	82

St. James Wellness and Rehab
1251 E Richton Rd
Crete, IL. 60417

Classification Numbers

Facility ID	6010664	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	54	0	0	10	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	54	0	0	10	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	31	0	0	0	31
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	12.00
Certified Aides	29.00
Other Health Staff	36.00
Non-Health Staff	5.00
Totals	93.00

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
43.9%	38.8%	0.0%	7.2%	10.1%	100.0%		
3,850,613	3,402,685	0	630,055	886,126	8,769,479	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

St. Joseph Nursing Home
401 9th Street
Lacon, IL. 61540

Reference Numbers

Facility ID	6008999	
Health Service Area	002	
Planning Service Area	123	Marshall/Stark
County	123	Marshall County

Administrator
Timothy S. Wiley

Contact Person and Telephone
Timothy S. Wiley
309-246-2175

Registered Agent Information
Sr. Loretta Matas
401 9th Street
Lacon, IL 61540

Date Questionnaire Completed 3/30/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	78
Total Admissions 2017	55
Total Discharges 2017	64
Residents on 12/31/2017	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	1
Circulatory System	11
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	9
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	93	93	81	93	69	24	93	55
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	93	93	81	93	69	24	93	55

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2342	6.9%	13725	68.4%	0	0	11339	0	27406	80.7%	80.7%
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%
TOTALS	2342	6.9%	13725	68.4%	0	0	11339	0	27406	80.7%	80.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	6	40	0	0	0	0	0	0	6	40	46
TOTALS	15	54	0	0	0	0	0	0	15	54	69

St. Joseph Nursing Home
401 9th Street
Lacon, IL. 61540

Classification Numbers

Facility ID	6008999	
Health Service Area	002	
Planning Service Area	123	Marshall/Stark
County	123	Marshall County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	37	0	0	29	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	37	0	0	29	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.60
LPN's	12.88
Certified Aides	36.00
Other Health Staff	5.00
Non-Health Staff	40.00
Totals	101.48

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
21.5%	33.7%	0.0%	0.0%	44.8%	100.0%		
1,106,761	1,735,128	0	0	2,307,391	5,149,280	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

St. Joseph Village of Chicago
4021 West Belmont Avenue
Chicago, IL. 60641

Reference Numbers

Facility ID	6008957	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 21 - Avondale

Administrator
Brian Celerio

Contact Person and Telephone
Brian Celerio
773-328-5501

Registered Agent Information
CT Corporation
208 S. LaSalle, Suite #814
Chicago, IL 60604

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	49
Total Admissions 2017	196
Total Discharges 2017	194
Residents on 12/31/2017	51

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	24
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	51

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	54	54	54	54	51	3	54	11
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	54	54	54	54	51	3	54	11

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4771	24.2%	2515	62.6%	0	1231	8306	0	16823	85.4%	85.4%
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%
TOTALS	4771	24.2%	2515	62.6%	0	1231	8306	0	16823	85.4%	85.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	0	0	0	0	0	0	0	4	0	4
75 to 84	3	7	0	0	0	0	0	0	3	7	10
85+	12	24	0	0	0	0	0	0	12	24	36
TOTALS	19	32	0	0	0	0	0	0	19	32	51

St. Joseph Village of Chicago
4021 West Belmont Avenue
Chicago, IL. 60641

Classification Numbers

Facility ID	6008957	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 21 - Avondale

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	7	0	5	22	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	7	0	5	22	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	2	0	0	0	2
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	19	0	0	0	19
Non-Hispanic	32	0	0	0	32
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	0	51

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	12.60
LPN's	1.40
Certified Aides	23.80
Other Health Staff	33.10
Non-Health Staff	0.00
Totals	73.90

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
41.5%	6.5%	0.0%	10.4%	41.7%	100.0%		
2,832,571	442,113	0	708,258	2,849,264	6,832,206	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

St. Joseph's Home for the Elderly
80 West Northwest Highway
Palatine, IL. 60067

Reference Numbers

Facility ID	6009005	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Palatine Township

Administrator
Sr Margaret Hogarty

Contact Person and Telephone
Karen Pinderski
847-358-5700

Registered Agent Information
Michael L. McDermott
30 N. LaSalle St., #4100
Chicago, IL 60602

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	57
Total Admissions 2017	18
Total Discharges 2017	18
Residents on 12/31/2017	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	12
Respiratory System	13
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	59	0	56	59	56	3	0	59
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	1	0	0	1	1	0		
TOTAL BEDS	60	0	56	60	57	3	0	59

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12671	0.0%	2599	12.1%	0	0	4972	0	20242	94.0%	0.0%
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%
TOTALS	12671	0.0%	2599	12.1%	0	0	4972	0	20242	92.4%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	0	0	0	0	0	0	0	2	0	2
75 to 84	2	10	0	0	0	0	0	0	2	10	12
85+	2	40	0	0	0	0	0	1	2	41	43
TOTALS	6	50	0	0	0	0	0	1	6	51	57

St. Joseph's Home for the Elderly
80 West Northwest Highway
Palatine, IL. 60067

Classification Numbers

Facility ID	6009005	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Palatine Township

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	8	3	0	15	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	1	0	1
TOTALS	30	8	3	0	16	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	1	55
Race Unknown	0	0	0	0	0
Total	56	0	0	1	57

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	54	0	0	1	55
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	1	57

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	5.20
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	42.00
Totals	87.20

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
60.3%	12.4%	0.0%	0.0%	27.3%	100.0%		
1,663,130	340,565	0	0	753,293	2,756,988	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

7/26/2016 Discontinued 4 Sheltered Care beds; facility now has 1 Sheltered Care bed.

St. Joseph's Home of Springfield
3306 S. 6th Street Road
Springfield, IL. 62703

Reference Numbers

Facility ID	6008965	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Sister M. Lenore Highland

Contact Person and Telephone
Sister M. Lenore Highland
217-529-5596 x101

Registered Agent Information
Sister Kathleen Ann Mourisse
2406 W. Heading Ave.
West Peoria, IL 61604

Date Questionnaire Completed 4/3/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	74
Total Admissions 2017	51
Total Discharges 2017	48
Residents on 12/31/2017	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	23
Mental Illness	25
Developmental Disability	0
Circulatory System	6
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	1
TOTALS	77

Total Residents Diagnosed as Mentally Ill 25

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	74	74	67	70	67	7	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	10	10	10	10	10	0		
TOTAL BEDS	84	84	77	80	77	7	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	12130	11000	23130	85.6%	85.6%
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	4062	916	4978	136.4%	136.4%
TOTALS	0	0.0%	0	0.0%	0	0	16192	11916	28108	91.7%	91.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	11	6	0	0	0	0	1	1	12	7	19
85+	8	35	0	0	0	0	3	5	11	40	51
TOTALS	21	46	0	0	0	0	4	6	25	52	77

St. Joseph's Home of Springfield
3306 S. 6th Street Road
Springfield, IL. 62703

Classification Numbers

Facility ID	6008965	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	64	3	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	7	3	10
TOTALS	0	0	0	0	71	6	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	1	1
White	67	0	0	9	76
Race Unknown	0	0	0	0	0
Total	67	0	0	10	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	67	0	0	10	77
Total	67	0	0	10	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	27.00
Certified Aides	50.00
Other Health Staff	0.00
Non-Health Staff	55.00
Totals	147.00

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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	6,247,889	6,247,889	388,979	6.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

5/10/2016 Discontinued 7 Nursing Care beds and 13 Sheltered Care beds; facility now has 73 Nursing Care and 11 Sheltered Care beds.

ST. PATRICK'S RESIDENCE
1400 BROOKDALE ROAD
Naperville, IL. 60563

Reference Numbers

Facility ID	6011910	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Naperville Township

Administrator
Marilyn Daley

Contact Person and Telephone
Joy Hudson
630-753-1513

Registered Agent Information
ST. PATRICK'S RESIDENCE
1400 BROOKDALE ROAD
Naperville, IL 60563

Date Questionnaire Completed 4/16/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	168
Total Admissions 2017	381
Total Discharges 2017	379
Residents on 12/31/2017	170

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	19
Alzheimer Disease	33
Mental Illness	44
Developmental Disability	0
Circulatory System	38
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	9
Other Medical Conditions	6
Non-Medical Conditions	2
TOTALS	173

Total Residents Diagnosed as Mentally Ill 44

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	209	0	0	0	173	36	206	209
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	1	0	0	0	0	1		
TOTAL BEDS	210	0	0	0	173	37	206	209

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4736	6.3%	35435	46.5%	0	11	21436	0	61618	80.8%	0.0%
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%
TOTALS	4736	6.3%	35435	46.5%	0	11	21436	0	61618	80.4%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	1	8	0	0	0	0	0	0	1	8	9
75 to 84	8	30	0	0	0	0	0	0	8	30	38
85+	17	106	0	0	0	0	0	0	17	106	123
TOTALS	26	147	0	0	0	0	0	0	26	147	173

ST. PATRICK'S RESIDENCE
1400 BROOKDALE ROAD
Naperville, IL. 60563

Classification Numbers

Facility ID	6011910	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Naperville Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	102	0	0	58	0	173
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	102	0	0	58	0	173

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	170	0	0	0	170
Race Unknown	0	0	0	0	0
Total	171	0	0	0	171

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	2	0	0	0	2

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	35.00
LPN's	12.60
Certified Aides	68.00
Other Health Staff	
Non-Health Staff	67.00
Totals	

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%	39.9%	0.0%	0.1%	39.3%	100.0%		
3,065,116	5,898,521	0	8,362	5,796,843	14,768,842	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

St. Paul's Home
1021 West E Street
Belleville, IL. 62220

Reference Numbers

Facility ID	6009120	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
Tammy von Yeast

Contact Person and Telephone
Darlene T Scaglione
314-726-0111

Registered Agent Information
Pat Mathis - Mathis, Marifan & Richter
23 Public Square Suite 300
Belleville, IL 62025

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	110
Total Admissions 2017	320
Total Discharges 2017	316
Residents on 12/31/2017	114

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	9
Developmental Disability	0
Circulatory System	32
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	9
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	13
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	114

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	108	108	96	108	95	13	90	42
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	26	26	20	26	19	7		
TOTAL BEDS	134	134	116	134	114	20	90	42

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5238	15.9%	9008	58.8%	0	538	12723	0	27507	69.8%	69.8%
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	6567	0	6567	69.2%	69.2%
TOTALS	5238	15.9%	9008	58.8%	0	538	19290	0	34074	69.7%	69.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	1	0	1	1
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	2	13	0	0	0	0	2	2	4	15	19
85+	16	57	0	0	0	0	4	10	20	67	87
TOTALS	20	75	0	0	0	0	6	13	26	88	114

St. Paul's Home
1021 West E Street
Belleville, IL. 62220

Classification Numbers

Facility ID	6009120	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	23	0	2	54	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	19	0	19
TOTALS	16	23	0	2	73	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	1	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	93	0	0	18	111
Race Unknown	0	0	0	0	0
Total	95	0	0	19	114

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	95	0	0	19	114
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	19	114

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.10
LPN's	19.00
Certified Aides	56.60
Other Health Staff	46.70
Non-Health Staff	12.30
Totals	145.70

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
36.6%	11.3%	0.0%	0.0%	52.1%	100.0%		
3,499,450	1,083,374	0	0	4,980,065	9,562,889	3,960	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

St. Pauls House & Healthcare
3800 North California Avenue
Chicago, IL. 60618

Reference Numbers

Facility ID	6009112	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 16 - Irving Park

Administrator
Marie Carpanzano

Contact Person and Telephone
Marie Carpanzano
773-596-5113

Registered Agent Information
Andrew Tecson, Attorney
30 S. Wacker Drive
Chicago, IL 60606

Date Questionnaire Completed 4/6/2018

Continuing Care Retirement Community

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	126
Total Admissions 2017	748
Total Discharges 2017	746
Residents on 12/31/2017	128

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	1
Circulatory System	7
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	14
Injuries and Poisonings	7
Other Medical Conditions	30
Non-Medical Conditions	3
TOTALS	85

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	110	100	92	96	85	25	110	39
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	61	52	51	52	43	18		
TOTAL BEDS	171	152	143	148	128	43	110	39

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6078	15.1%	8427	59.2%	0	4703	11316	29	30553	76.1%	83.7%
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	14630	2190	16820	75.5%	88.6%
TOTALS	6078	15.1%	8427	59.2%	0	4703	25946	2219	47373	75.9%	85.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	2	0	0	0	0	1	1	5	3	8
60 to 64	0	2	0	0	0	0	1	0	1	2	3
65 to 74	3	9	0	0	0	0	1	3	4	12	16
75 to 84	6	17	0	0	0	0	4	6	10	23	33
85+	10	32	0	0	0	0	8	18	18	50	68
TOTALS	23	62	0	0	0	0	15	28	38	90	128

St. Pauls House & Healthcare
3800 North California Avenue
Chicago, IL. 60618

Classification Numbers

Facility ID	6009112	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 16 - Irving Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	25	0	14	30	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	37	6	43
TOTALS	16	25	0	14	67	6	128

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	2	5
American Indian	0	0	0	0	0
Black	5	0	0	3	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	38	111
Race Unknown	4	0	0	0	4
Total	85	0	0	43	128

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	1	10
Non-Hispanic	72	0	0	41	113
Ethnicity Unknown	4	0	0	1	5
Total	85	0	0	43	128

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.46
LPN's	7.40
Certified Aides	44.56
Other Health Staff	3.22
Non-Health Staff	58.95
Totals	141.59

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
30.8%	9.4%	0.0%	14.6%	45.1%	100.0%		
4,066,148	1,241,803	0	1,929,459	5,951,552	13,188,962	551,906	4.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

St. Vincent's Home, Inc.
1440 North 10th Street
Quincy, IL. 62301

Reference Numbers

Facility ID	6005466	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

Administrator
Vickie Summers

Contact Person and Telephone
Christopher A. Reis
217-228-1950

Registered Agent Information
Giffin Winning Cohen & Bodewes: ATN H
1 West Old State Capitol Plaza #600
Springfield, IL 62701

Date Questionnaire Completed 3/21/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	68
Total Admissions 2017	113
Total Discharges 2017	106
Residents on 12/31/2017	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	12
Mental Illness	11
Developmental Disability	0
Circulatory System	15
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	5
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	89	77	75	75	15	90	0
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	90	89	77	75	75	15	90	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2578	7.8%	13876	0.0%	0	0	8459	0	24913	75.8%	76.7%
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%
TOTALS	2578	7.8%	13876	0.0%	0	0	8459	0	24913	75.8%	76.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	13	0	0	0	0	0	0	3	13	16
75 to 84	6	27	0	0	0	0	0	0	6	27	33
85+	6	18	0	0	0	0	0	0	6	18	24
TOTALS	15	60	0	0	0	0	0	0	15	60	75

St. Vincent's Home, Inc.
1440 North 10th Street
Quincy, IL. 62301

Classification Numbers

Facility ID	6005466	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	39	0	0	27	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	39	0	0	27	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	8	0	0	0	8
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	8	0	0	0	8
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	8.91
LPN's	9.92
Certified Aides	26.53
Other Health Staff	2.09
Non-Health Staff	27.74
Totals	77.29

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
32.0%	35.5%	0.0%	0.0%	32.5%	100.0%		
1,633,276	1,810,330	0	0	1,656,844	5,100,450	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Station Court
275 W Station Street
Kankakee, IL. 60901

Reference Numbers

Facility ID	6013700	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Amanda Ruff

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	6
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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
TOTALS	6

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	0	0	0	2	0	2
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	6	0	0	0	6	0	6

Station Court
275 W Station Street
Kankakee, IL. 60901

Classification Numbers

Facility ID	6013700	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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
0.0%	90.9%	1.4%	0.0%	7.6%	100.0%		
0	398,580	6,321	0	33,491	438,392	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Stearns Nursing and Rehabilitation Center, LLC
3900 Stearns Avenue
Granite City , IL. 62040

Reference Numbers

Facility ID	6010441	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Kenya O'Neal

Contact Person and Telephone
Valerie M Gaydosh
716-972-2512

Registered Agent Information
United Corporate Services Inc
901 S 2nd Street Suite 201
Springfield, IL 62704

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	94
Total Admissions 2017	123
Total Discharges 2017	117
Residents on 12/31/2017	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	24
Alzheimer Disease	0
Mental Illness	26
Developmental Disability	1
Circulatory System	20
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	6
Other Medical Conditions	5
Non-Medical Conditions	3
TOTALS	100

Total Residents Diagnosed as Mentally Ill 28

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	109	109	108	109	100	9	109	109
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	109	109	108	109	100	9	109	109

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3550	8.9%	24509	61.6%	2615	645	5367	0	36686	92.2%	92.2%
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%
TOTALS	3550	8.9%	24509	61.6%	2615	645	5367	0	36686	92.2%	92.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	5	2	0	0	0	0	0	0	5	2	7
65 to 74	12	7	0	0	0	0	0	0	12	7	19
75 to 84	5	24	0	0	0	0	0	0	5	24	29
85+	10	29	0	0	0	0	0	0	10	29	39
TOTALS	34	66	0	0	0	0	0	0	34	66	100

Stearns Nursing and Rehabilitation Center, LLC
3900 Stearns Avenue
Granite City , IL. 62040

Classification Numbers

Facility ID	6010441	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	72	5	2	13	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	72	5	2	13	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.80
Registered Nurses	4.75
LPN's	15.18
Certified Aides	42.98
Other Health Staff	31.45
Non-Health Staff	0.00
Totals	96.17

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
24.9%	52.3%	5.6%	3.4%	13.8%	100.0%		
1,600,263	3,357,374	359,325	219,704	887,320	6,423,986	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Stephenson Nursing Center
2806 S.Walnut Road
Freeport, IL. 61032

Reference Numbers

Facility ID	6009161	
Health Service Area	001	
Planning Service Area	177	Stephenson
County	177	Stephenson County

Administrator
Cheryl Ann Cormican

Contact Person and Telephone
Cheryl Cormican
815-235-6173

Registered Agent Information
William Hadley/Stephenson County
50 W. Douglas Street Suite 1002
Freeport, IL 61032

Date Questionnaire Completed 11/21/2017

Life Care Facility

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	107
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	107

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	9
Mental Illness	28
Developmental Disability	2
Circulatory System	19
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	5
Other Medical Conditions	4
Non-Medical Conditions	1
TOTALS	105

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	148	0	0	148	110	38	148	148
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	148	0	0	148	110	38	148	148

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1152	2.1%	27592	51.1%	2291	0	10556	0	41591	77.0%	0.0%
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%
TOTALS	1152	2.1%	27592	51.1%	2291	0	10556	0	41591	77.0%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	2	2	4
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	9	6	0	0	0	0	0	0	9	6	15
75 to 84	17	25	0	0	0	0	0	0	17	25	42
85+	15	32	0	0	0	0	0	0	15	32	47
TOTALS	47	66	0	0	0	0	0	0	47	66	113

Stephenson Nursing Center
2806 S.Walnut Road
Freeport, IL. 61032

Classification Numbers

Facility ID	6009161	
Health Service Area	001	
Planning Service Area	177	Stephenson
County	177	Stephenson County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	67	7	0	33	0	110
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	67	7	0	33	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	108	0	0	0	108

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	110	0	0	0	110

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	6.40
Certified Aides	37.00
Other Health Staff	0.00
Non-Health Staff	31.00
Totals	90.40

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
11.0%	38.6%	6.8%	43.6%	0.0%	100.0%		
727,760	2,545,654	446,614	2,870,302	0	6,590,330	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Stern Square
1328 W. 7th Street
Sterling, IL. 61081

Reference Numbers

Facility ID	6010177	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

Administrator
Stacy Egli

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	2
Total Discharges 2017	1
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5621	96.3%	0	0	0	0	5621	96.3%	96.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5621	96.3%	0	0	0	0	5621	96.3%	96.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	4	2	0	0	4	2	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	0	2	0	0	0	2	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Stern Square
1328 W. 7th Street
Sterling, IL. 61081

Classification Numbers

Facility ID	6010177	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	80.9%	0.6%	0.0%	18.5%	100.0%		
0	582,858	4,214	0	133,278	720,350	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Stevens House
2182 Windish
Galesburg, IL. 61401

Reference Numbers

Facility ID	6008478	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

Administrator
Tiffany Lair

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	1
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 14

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	1	3	0	0	1	3	4
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	3	1	0	0	3	1	4
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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Stevens House
2182 Windish
Galesburg, IL. 61401

Classification Numbers

Facility ID	6008478	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	82.3%	1.2%	0.0%	16.5%	100.0%		
0	562,740	8,451	0	112,810	684,001	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

StoneBridge Nursing & Rehabilitation Center
902 South McLeansboro Street
Benton, IL. 62812

Reference Numbers

Facility ID	6008494	
Health Service Area	005	
Planning Service Area	055	Franklin
County	055	Franklin County

Administrator
Derek Johnson

Contact Person and Telephone
Derek Johnson
618-439-4501

Registered Agent Information
Scott Stout
105 South Commercial Street
Harrisburg, IL 62946

Date Questionnaire Completed 3/20/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	45
Total Admissions 2017	57
Total Discharges 2017	57
Residents on 12/31/2017	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	15
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	80	51	80	45	35	15	80
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	80	80	51	80	45	35	15	80

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1860	34.0%	8432	28.9%	0	0	4521	0	14813	50.7%	50.7%
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%
TOTALS	1860	34.0%	8432	28.9%	0	0	4521	0	14813	50.7%	50.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	3	0	3
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	10	0	0	0	0	0	0	0	10	10
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	4	15	0	0	0	0	0	0	4	15	19
TOTALS	11	34	0	0	0	0	0	0	11	34	45

StoneBridge Nursing & Rehabilitation Center
902 South McLeansboro Street
Benton, IL. 62812

Classification Numbers

Facility ID	6008494	
Health Service Area	005	
Planning Service Area	055	Franklin
County	055	Franklin County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	29	0	0	11	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	29	0	0	11	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	4.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	55.00

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
36.0%	37.7%	0.0%	0.0%	26.3%	100.0%		
857,398	897,708	0	0	626,941	2,382,047	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Stouffer Terrace
910 S 5th Street
Oregon, IL. 61061

Reference Numbers

Facility ID	6010870	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

Administrator
Katherine Starr

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5608	96.0%	0	0	0	0	5608	96.0%	96.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5608	96.0%	0	0	0	0	5608	96.0%	96.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	2	0	0	2	2	4
45 to 59	0	0	0	0	4	2	0	0	4	2	6
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	3	0	0	1	3	4
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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Stouffer Terrace
910 S 5th Street
Oregon, IL. 61061

Classification Numbers

Facility ID	6010870	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	72.4%	0.6%	0.0%	27.0%	100.0%		
0	489,480	4,214	0	182,682	676,376	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sullivan House
600 East Grover Avenue
Ottawa, IL. 61350

Reference Numbers

Facility ID	6009229	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

Administrator
Sarah Simons

Contact Person and Telephone
Sarah Simons
815-434-0737

Registered Agent Information
Daniel Reynolds
2001 Caton Road
Ottawa, IL 61350

Date Questionnaire Completed 3/6/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	13
Total Admissions 2017	3
Total Discharges 2017	1
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4712	80.7%	0	0	0	0	4712	80.7%	80.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4712	80.7%	0	0	0	0	4712	80.7%	80.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	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
TOTALS	0	0	0	0		7	0	0		7	

Sullivan House
600 East Grover Avenue
Ottawa, IL. 61350

Classification Numbers

Facility ID	6009229	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	1	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	1	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.75
LPN's	0.00
Certified Aides	9.60
Other Health Staff	0.00
Non-Health Staff	
Totals	

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	5,577,670	0	0	0	5,577,670	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sullivan Rehabilitation and Health Care Center
11 Hawthorne Lane
Sullivan, IL. 61951

Reference Numbers

Facility ID	6009211	
Health Service Area	004	
Planning Service Area	139	Moultrie
County	139	Moultrie County

Administrator
Valerie Tischler

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/13/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	60
Total Admissions 2017	83
Total Discharges 2017	86
Residents on 12/31/2017	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	33
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	13
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 38

Total Residents Reported as Identified Offenders 7

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	123	123	71	123	57	66	123	123
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	123	123	71	123	57	66	123	123

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2302	5.1%	15885	35.4%	0	72	4198	0	22457	50.0%	50.0%
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%
TOTALS	2302	5.1%	15885	35.4%	0	72	4198	0	22457	50.0%	50.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	3	3	6
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	8	10	0	0	0	0	0	0	8	10	18
75 to 84	8	8	0	0	0	0	0	0	8	8	16
85+	4	7	0	0	0	0	0	0	4	7	11
TOTALS	26	31	0	0	0	0	0	0	26	31	57

Sullivan Rehabilitation and Health Care Center
11 Hawthorne Lane
Sullivan, IL. 61951

Classification Numbers

Facility ID	6009211	
Health Service Area	004	
Planning Service Area	139	Moultrie
County	139	Moultrie County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	42	0	0	10	0	57
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	42	0	0	10	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	1	0	0	0	1
Total	57	0	0	0	57

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	10.00
Certified Aides	21.00
Other Health Staff	6.00
Non-Health Staff	19.00
Totals	61.00

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
12.0%	64.7%	0.0%	1.2%	22.0%	100.0%		
370,692	1,994,113	0	38,458	679,559	3,082,822	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sunny Acres Nursing Home
19130 Sunny Acres Road
Petersburg, IL. 62675

Reference Numbers

Facility ID	6009245	
Health Service Area	003	
Planning Service Area	129	Menard
County	129	Menard County

Administrator
Sarah Yoder, LNHA

Contact Person and Telephone
Sarah Yoder, LNHA
217-720-2146

Registered Agent Information
Gene Tressler
19130 Sunny Acres Road
Petersburg, IL 62675

Date Questionnaire Completed 4/16/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	81
Total Admissions 2017	135
Total Discharges 2017	137
Residents on 12/31/2017	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	15
Mental Illness	18
Developmental Disability	1
Circulatory System	13
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 14

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	106	99	98	99	79	27	0	106
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	106	99	98	99	79	27	0	106

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2240	0.0%	15389	39.8%	0	0	13119	0	30748	79.5%	85.1%
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%
TOTALS	2240	0.0%	15389	39.8%	0	0	13119	0	30748	79.5%	85.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	0	8	0	0	0	0	0	0	0	8	8
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	8	33	0	0	0	0	0	0	8	33	41
TOTALS	18	61	0	0	0	0	0	0	18	61	79

Sunny Acres Nursing Home
19130 Sunny Acres Road
Petersburg, IL. 62675

Classification Numbers

Facility ID	6009245	
Health Service Area	003	
Planning Service Area	129	Menard
County	129	Menard County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	39	0	0	32	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	39	0	0	32	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.50
LPN's	15.50
Certified Aides	38.00
Other Health Staff	0.00
Non-Health Staff	45.00
Totals	109.00

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
26.8%	33.2%	0.0%	0.0%	40.0%	100.0%		
1,795,213	2,229,979	0	0	2,681,924	6,707,116	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SUNNY HILL NURSING HOME OF WILL COUNTY
421 DORIS AVENUE
Joliet, IL. 60433

Reference Numbers

Facility ID	6009252	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
REBECCA HALDORSON

Contact Person and Telephone
REBECCA HALDORSON
815-727-8710

Registered Agent Information

Date Questionnaire Completed 4/16/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	160
Total Admissions 2017	77
Total Discharges 2017	87
Residents on 12/31/2017	150

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	20
Alzheimer Disease	3
Mental Illness	6
Developmental Disability	0
Circulatory System	75
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	16
Injuries and Poisonings	4
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	150

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	157	157	157	157	150	7	211	211
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	157	157	157	157	150	7	211	211

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2909	3.8%	32601	42.3%	0	0	20777	0	56287	98.2%	98.2%
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%
TOTALS	2909	3.8%	32601	42.3%	0	0	20777	0	56287	98.2%	98.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	8	30	0	0	0	0	0	0	8	30	38
85+	10	85	0	0	0	0	0	0	10	85	95
TOTALS	23	127	0	0	0	0	0	0	23	127	150

SUNNY HILL NURSING HOME OF WILL COUNTY
421 DORIS AVENUE
Joliet, IL. 60433

Classification Numbers

Facility ID	6009252	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	79	0	0	62	0	150
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	79	0	0	62	0	150

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	135	0	0	0	135
Race Unknown	0	0	0	0	0
Total	150	0	0	0	150

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	0	0	0	0	0
Total	150	0	0	0	150

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.24
LPN's	21.23
Certified Aides	66.63
Other Health Staff	5.00
Non-Health Staff	28.06
Totals	149.16

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%	0.0%	0.0%	0.0%	0.0%	0.0%		
-307,961	-3,427,578	0	0	-2,204,834	-5,940,373	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

6/3/2016 Discontinued 16 Nursing Care beds; facility now has 211 Nursing Care beds.

Sunrise Skilled Nursing and Rehabilitation Center
333 S. Wrightsman Street
Virden, IL. 62690

Reference Numbers

Facility ID	6009294	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

Administrator
Alicia Oakley

Contact Person and Telephone
Angie Barnes
217-965-4715

Registered Agent Information
Kathleen L. Pine
2015 W. Main Street, Suite 111
Carbondale, IL 62901

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	65
Total Admissions 2017	52
Total Discharges 2017	61
Residents on 12/31/2017	56

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	13
Developmental Disability	0
Circulatory System	11
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	56

Total Residents Diagnosed as Mentally Ill 45

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	78	0	78	56	43	39	99
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	99	78	0	78	56	43	39	99

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2002	14.1%	14755	40.8%	0	520	5603	0	22880	63.3%	80.4%
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%
TOTALS	2002	14.1%	14755	40.8%	0	520	5603	0	22880	63.3%	80.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	4	15	0	0	0	0	0	0	4	15	19
85+	10	19	0	0	0	0	0	0	10	19	29
TOTALS	16	40	0	0	0	0	0	0	16	40	56

Sunrise Skilled Nursing and Rehabilitation Center
333 S. Wrightsman Street
Virden, IL. 62690

Classification Numbers

Facility ID	6009294	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	37	0	0	16	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	37	0	0	16	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	9.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	53.00

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
30.8%	39.5%	0.1%	4.3%	25.4%	100.0%		
1,324,858	1,697,591	5,259	184,053	1,090,851	4,302,612	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sunset Home
418 Washington St
Quincy, IL. 62301

Reference Numbers

Facility ID	6009302	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

Administrator
Dawn St Clair Davis

Contact Person and Telephone
Pam Fessler
217-223-2636

Registered Agent Information

Date Questionnaire Completed 4/11/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	132
Total Admissions 2017	220
Total Discharges 2017	228
Residents on 12/31/2017	124

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	17
Mental Illness	19
Developmental Disability	0
Circulatory System	27
Respiratory System	9
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	9
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	124

Total Residents Diagnosed as Mentally Ill 19

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	182	182	145	182	124	58	182	182
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	182	182	145	182	124	58	182	182

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6116	9.2%	25859	38.9%	0	0	19000	0	50975	76.7%	76.7%
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%
TOTALS	6116	9.2%	25859	38.9%	0	0	19000	0	50975	76.7%	76.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	1	3	4
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	14	19	0	0	0	0	0	0	14	19	33
85+	19	54	0	0	0	0	0	0	19	54	73
TOTALS	40	84	0	0	0	0	0	0	40	84	124

Sunset Home
418 Washington St
Quincy, IL. 62301

Classification Numbers

Facility ID	6009302	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

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	75	0	0	39	0	124
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	75	0	0	39	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	0	0	0	0	0
Total	124	0	0	0	124

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	124	0	0	0	124
Ethnicity Unknown	0	0	0	0	0
Total	124	0	0	0	124

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	20.00
Certified Aides	56.00
Other Health Staff	0.00
Non-Health Staff	61.00
Totals	153.00

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
27.1%	37.1%	0.0%	0.2%	35.6%	100.0%		
2,699,136	3,697,933	0	17,713	3,548,631	9,963,413	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sunset Rehabilitation & Health Care
129 South First Avenue
Canton, IL. 61520

Reference Numbers

Facility ID	6009328	
Health Service Area	002	
Planning Service Area	057	Fulton
County	057	Fulton County

Administrator
Michelle Hansmeyer

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/19/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	99
Total Admissions 2017	90
Total Discharges 2017	90
Residents on 12/31/2017	99

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	15
Mental Illness	9
Developmental Disability	3
Circulatory System	20
Respiratory System	12
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	7
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	99

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	115	104	115	99	16	25	115
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	115	115	104	115	99	16	25	115

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1434	15.7%	27754	66.1%	0	10	5315	0	34513	82.2%	82.2%
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%
TOTALS	1434	15.7%	27754	66.1%	0	10	5315	0	34513	82.2%	82.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	4	0	0	0	0	0	0	4	4	8
60 to 64	5	10	0	0	0	0	0	0	5	10	15
65 to 74	10	13	0	0	0	0	0	0	10	13	23
75 to 84	12	18	0	0	0	0	0	0	12	18	30
85+	2	20	0	0	0	0	0	0	2	20	22
TOTALS	33	66	0	0	0	0	0	0	33	66	99

Sunset Rehabilitation & Health Care
129 South First Avenue
Canton, IL. 61520

Classification Numbers

Facility ID	6009328	
Health Service Area	002	
Planning Service Area	057	Fulton
County	057	Fulton County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	76	0	1	18	0	99
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	76	0	1	18	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	99	0	0	0	99

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	99	0	0	0	99
Total	99	0	0	0	99

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	13.00
Certified Aides	48.00
Other Health Staff	0.00
Non-Health Staff	40.00
Totals	112.00

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
5.3%	74.4%	0.0%	0.2%	20.0%	100.0%		
239,134	3,346,491	0	10,902	900,224	4,496,751	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Swann Special Care Center
109 Kenwood Road
Champaign, IL. 61821

Reference Numbers

Facility ID	6001622	
Health Service Area	004	
Planning Service Area	019	Champaign
County	019	Champaign County

Administrator
Kimberly J Halberstadt

Contact Person and Telephone
Kimberly J Halberstadt
217-356-5164

Registered Agent Information
CT Corporation System
208 S. LaSalle St Ste. 814
Chicago, IL 60604

Date Questionnaire Completed 3/26/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	115
Total Admissions 2017	11
Total Discharges 2017	8
Residents on 12/31/2017	118

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	118
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
TOTALS	118

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	123	123	122	123	118	5		123
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	123	123	122	123	118	5	0	123

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			117	0.3%	0	0	1	0	118	0.3%	0.3%
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%
TOTALS	0	0.0%	117	0.3%	0	0	1	0	118	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	5	5	0	0	0	0	5	5	10
18 to 44	0	0	40	30	0	0	0	0	40	30	70
45 to 59	0	0	11	9	0	0	0	0	11	9	20
60 to 64	0	0	3	3	0	0	0	0	3	3	6
65 to 74	0	0	6	4	0	0	0	0	6	4	10
75 to 84	0	0	1	1	0	0	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	66	52	0	0	0	0	66	52	118

Swann Special Care Center
109 Kenwood Road
Champaign, IL. 61821

Classification Numbers

Facility ID	6001622	
Health Service Area	004	
Planning Service Area	019	Champaign
County	019	Champaign County

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	0
Skilled Under 22	0	117	0	0	1	0	118
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	117	0	0	1	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	2	0	0	2
American Indian	0	0	0	0	0
Black	0	27	0	0	27
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	89	0	0	89
Race Unknown	0	0	0	0	0
Total	0	118	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	9	0	0	9
Non-Hispanic	0	101	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	0	110	0	0	110

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	16.00
LPN's	3.00
Certified Aides	74.00
Other Health Staff	3.00
Non-Health Staff	40.00
Totals	139.00

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
0.0%	70.1%	25.8%	0.0%	4.1%	100.0%		
0	7,382,701	2,716,079	0	429,932	10,528,712	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SWANSEA RHCC
1405 N 2ND STREET
Swansea, IL. 62226

Reference Numbers

Facility ID	6009831	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
JIFI C JACOB

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/16/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	71
Total Admissions 2017	113
Total Discharges 2017	114
Residents on 12/31/2017	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	19
Alzheimer Disease	0
Mental Illness	22
Developmental Disability	0
Circulatory System	8
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	13
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	70

Total Residents Diagnosed as Mentally Ill 22

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	94	94	70	94	70	24	94	94
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	94	94	70	94	70	24	94	94

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1783	5.2%	21896	63.8%	0	25	1256	0	24960	72.7%	72.7%
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%
TOTALS	1783	5.2%	21896	63.8%	0	25	1256	0	24960	72.7%	72.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	11	0	0	0	0	0	0	5	11	16
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	8	8	0	0	0	0	0	0	8	8	16
75 to 84	4	6	0	0	0	0	0	0	4	6	10
85+	5	9	0	0	0	0	0	0	5	9	14
TOTALS	30	40	0	0	0	0	0	0	30	40	70

SWANSEA RHCC
1405 N 2ND STREET
Swansea, IL. 62226

Classification Numbers

Facility ID	6009831	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	48	0	0	17	0	70
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	48	0	0	17	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	34	0	0	0	34
Hawaiian/Pacific Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	6.00
Certified Aides	26.00
Other Health Staff	3.00
Non-Health Staff	18.00
Totals	55.00

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
12.9%	80.8%	0.0%	1.2%	5.1%	100.0%		
498,900	3,135,976	0	47,810	198,423	3,881,109	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SWEDISH COVENANT HOSPITAL
5145 NORTH CALIFORNIA AVE
Chicago, IL. 60625

Reference Numbers

Facility ID	6010649	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 4 - Lincoln Square

Administrator
Maria Belen Calderon,RN,LNHA

Contact Person and Telephone
Maria Belen Calderon,RN, LNHA
773-989-3813

Registered Agent Information

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	21
Total Admissions 2017	505
Total Discharges 2017	516
Residents on 12/31/2017	10

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	10

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	37	24	24	24	10	27	37	0
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	37	24	24	24	10	27	37	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5265	39.0%	8	0.0%	0	244	32	404	5953	44.1%	68.0%
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%
TOTALS	5265	39.0%	8	0.0%	0	244	32	404	5953	44.1%	68.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	1	4	0	0	0	0	0	0	1	4	5
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	2	8	0	0	0	0	0	0	2	8	10

SWEDISH COVENANT HOSPITAL
5145 NORTH CALIFORNIA AVE
Chicago, IL. 60625

Classification Numbers

Facility ID	6010649	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 4 - Lincoln Square

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	0	0	2	0	1	10
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	0	0	2	0	1	10

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	5	0	0	0	5
Race Unknown	3	0	0	0	3
Total	10	0	0	0	10

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	7	0	0	0	7
Ethnicity Unknown	0	0	0	0	0
Total	10	0	0	0	10

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.03
Director of Nursing	0.50
Registered Nurses	7.46
LPN's	1.71
Certified Aides	7.75
Other Health Staff	8.99
Non-Health Staff	0.00
Totals	26.69

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
94.6%	0.0%	0.0%	5.4%	0.0%	100.0%		
2,538,545	0	0	144,231	0	2,682,776	152,483	5.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Symphony at 87th Street
2940 W. 87th Street
Chicago, IL. 60652

Reference Numbers

Facility ID	6014831	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 70 - Ashburn

Administrator
Daniel Johnson

Contact Person and Telephone
Lesa Jagusch

Registered Agent Information
Abraham Stern
10 S. Wabash Drive, 4th Floor
Chicago, IL 60606

Date Questionnaire Completed 4/15/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	171
Total Admissions 2017	1,025
Total Discharges 2017	1,025
Residents on 12/31/2017	171

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	16
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	43
Mental Illness	21
Developmental Disability	0
Circulatory System	24
Respiratory System	8
Digestive System	6
Genitourinary System Disorders	10
Skin Disorders	4
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	171

Total Residents Diagnosed as Mentally Ill 21

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	210	210	202	210	171	39	210	210
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	210	210	202	210	171	39	210	210

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13015	17.0%	42382	55.3%	696	7187	3492	0	66772	87.1%	87.1%
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%
TOTALS	13015	17.0%	42382	55.3%	696	7187	3492	0	66772	87.1%	87.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	3	3	6
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	9	15	0	0	0	0	0	0	9	15	24
75 to 84	23	37	0	0	0	0	0	0	23	37	60
85+	22	52	0	0	0	0	0	0	22	52	74
TOTALS	60	111	0	0	0	0	0	0	60	111	171

Symphony at 87th Street
2940 W. 87th Street
Chicago, IL. 60652

Classification Numbers

Facility ID	6014831	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 70 - Ashburn

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	115	0	15	8	0	171
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	115	0	15	8	0	171

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	168	0	0	0	168
Hawaiian/Pacific Isl.	0	0	0	0	0
White	3	0	0	0	3
Race Unknown	0	0	0	0	0
Total	171	0	0	0	171

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	168	0	0	0	168
Ethnicity Unknown	0	0	0	0	0
Total	171	0	0	0	171

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	43.00
Certified Aides	77.00
Other Health Staff	14.00
Non-Health Staff	37.00
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
38.5%	39.0%	0.0%	20.2%	2.3%	100.0%		
7,986,819	8,101,859	0	4,204,096	472,333	20,765,107	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

6/3/2016 Formerly Renaissance at 87th Street and Symphony of Beverly.

Symphony at Aria
4600 north frontage road
Hillside, IL. 60162

Reference Numbers

Facility ID	6014906	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Proviso Township

Administrator
martynas aukstuolis

Contact Person and Telephone
martynas aukstuolis
773-633-1806

Registered Agent Information
illinois corporation service company
801 adlai stevenson drive
springfield, IL 62703

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	167
Total Admissions 2017	570
Total Discharges 2017	567
Residents on 12/31/2017	170

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	37
Developmental Disability	1
Circulatory System	20
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	52
TOTALS	133

Total Residents Diagnosed as Mentally Ill 133

Total Residents Reported as Identified Offenders 17

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	198	0	0	0	0	198	198	198
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	198	0	0	0	0	198	198	198

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8208	11.4%	4461	6.2%	0	0	2735	0	15404	21.3%	0.0%
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%
TOTALS	8208	11.4%	4461	6.2%	0	0	2735	0	15404	21.3%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	2	0	0	0	0	0	0	4	2	6
45 to 59	18	6	0	0	0	0	0	0	18	6	24
60 to 64	16	12	0	0	0	0	0	0	16	12	28
65 to 74	16	19	0	0	0	0	0	0	16	19	35
75 to 84	19	26	0	0	0	0	0	0	19	26	45
85+	6	16	0	0	0	0	0	0	6	16	22
TOTALS	79	81	0	0	0	0	0	0	79	81	160

Symphony at Aria
4600 north frontage road
Hillside, IL. 60162

Classification Numbers

Facility ID	6014906	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Proviso Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	135	0	7	7	0	166
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	135	0	7	7	0	166

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	112	0	0	0	112
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	2	0	0	0	2
Total	166	0	0	0	166

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	157	0	0	0	157
Ethnicity Unknown	0	0	0	0	0
Total	166	0	0	0	166

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	26.00
Certified Aides	51.00
Other Health Staff	3.00
Non-Health Staff	46.00
Totals	141.20

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
33.9%	58.2%	3.9%	0.0%	4.0%	100.0%		
5,307,620	9,102,244	604,244	0	626,042	15,640,150	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

6/3/2016 Formerly The Renaissance at Hillside and Aria Post Acute Care.

Symphony at Midway
4437 S. Cicero Avenue
Chicago, IL. 60632

Reference Numbers

Facility ID	6014641	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 56 - Garfield Ridge

Administrator

Contact Person and Telephone

Registered Agent Information
Abe Stern
191 N. Wacker
Chicago, IL 60606

Date Questionnaire Completed 5/4/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	220
Total Admissions 2017	423
Total Discharges 2017	416
Residents on 12/31/2017	227

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	23
Alzheimer Disease	0
Mental Illness	33
Developmental Disability	0
Circulatory System	53
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	7
Musculo-skeletal Disorders	8
Injuries and Poisonings	15
Other Medical Conditions	59
Non-Medical Conditions	0
TOTALS	227

Total Residents Diagnosed as Mentally Ill 33

Total Residents Reported as Identified Offenders 24

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	249	249	238	249	227	22	249	249
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	249	249	238	249	227	22	249	249

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4529	5.0%	57545	63.3%	18021	0	1216	0	81311	89.5%	89.5%
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%
TOTALS	4529	5.0%	57545	63.3%	18021	0	1216	0	81311	89.5%	89.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	5	0	0	0	0	0	0	6	5	11
45 to 59	26	16	0	0	0	0	0	0	26	16	42
60 to 64	25	26	0	0	0	0	0	0	25	26	51
65 to 74	23	15	0	0	0	0	0	0	23	15	38
75 to 84	28	14	0	0	0	0	0	0	28	14	42
85+	7	36	0	0	0	0	0	0	7	36	43
TOTALS	115	112	0	0	0	0	0	0	115	112	227

Symphony at Midway
4437 S. Cicero Avenue
Chicago, IL. 60632

Classification Numbers

Facility ID	6014641	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 56 - Garfield Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	198	15	0	2	0	227
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	198	15	0	2	0	227

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	114	0	0	0	114
Hawaiian/Pacific Isl.	1	0	0	0	1
White	94	0	0	0	94
Race Unknown	15	0	0	0	15
Total	227	0	0	0	227

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	47	0	0	0	47
Non-Hispanic	165	0	0	0	165
Ethnicity Unknown	15	0	0	0	15
Total	227	0	0	0	227

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	42.00
Certified Aides	90.00
Other Health Staff	14.00
Non-Health Staff	52.00
Totals	215.00

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
15.4%	77.6%	5.1%	0.0%	1.9%	100.0%		
2,616,483	13,199,934	865,080	0	324,850	17,006,347	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

8/4/2016 Formerly Renaissance at Midway and Symphony of Midway.

Symphony at The Tillers
4390 Rt 71
Oswego, IL. 60543

Reference Numbers

Facility ID	6009401	
Health Service Area	009	
Planning Service Area	093	Kendall
County	093	Kendall County

Administrator
LISA WILLIAMS

Contact Person and Telephone
LISA WILLIAMS
630-554-1001

Registered Agent Information
Illinois Corporation Service company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/16/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	80
Total Admissions 2017	788
Total Discharges 2017	801
Residents on 12/31/2017	67

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	6
Musculo-skeletal Disorders	2
Injuries and Poisonings	33
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	67

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	105	97	67	82	67	38	90	8
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	105	97	67	82	67	38	90	8

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12735	38.8%	1751	60.0%	0	5564	6338	0	26388	68.9%	74.5%
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%
TOTALS	12735	38.8%	1751	60.0%	0	5564	6338	0	26388	68.9%	74.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	7	13	0	0	0	0	0	0	7	13	20
85+	7	22	0	0	0	0	0	0	7	22	29
TOTALS	22	45	0	0	0	0	0	0	22	45	67

Symphony at The Tillers
4390 Rt 71
Oswego, IL. 60543

Classification Numbers

Facility ID	6009401	
Health Service Area	009	
Planning Service Area	093	Kendall
County	093	Kendall County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	5	0	12	20	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	5	0	12	20	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	3.00
Certified Aides	22.00
Other Health Staff	10.00
Non-Health Staff	30.00
Totals	76.00

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
60.7%	2.7%	0.0%	22.0%	14.5%	100.0%		
7,577,065	335,383	0	2,749,623	1,813,990	12,476,061	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SYMPHONY MCKINLEY, LLC
500 W MCKINLEY AVENUE
Decatur, IL. 62526

Reference Numbers

Facility ID	6005938	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator

Contact Person and Telephone
ZENY A. ENGRACIA
847-745-6244

Registered Agent Information

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	125
Total Admissions 2017	422
Total Discharges 2017	439
Residents on 12/31/2017	108

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	28
Respiratory System	14
Digestive System	4
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	9
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	108

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	150	126	150	108	42	150	150
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	150	150	126	150	108	42	150	150

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9156	16.7%	28339	51.8%	0	1825	7300	0	46620	85.2%	85.2%
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%
TOTALS	9156	16.7%	28339	51.8%	0	1825	7300	0	46620	85.2%	85.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	5	5	0	0	0	0	0	0	5	5	10
65 to 74	9	5	0	0	0	0	0	0	9	5	14
75 to 84	9	18	0	0	0	0	0	0	9	18	27
85+	10	44	0	0	0	0	0	0	10	44	54
TOTALS	34	74	0	0	0	0	0	0	34	74	108

SYMPHONY MCKINLEY, LLC
500 W MCKINLEY AVENUE
Decatur, IL. 62526

Classification Numbers

Facility ID	6005938	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	66	0	1	16	0	108
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	66	0	1	16	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	1	0	0	0	1
White	91	0	0	0	91
Race Unknown	1	0	0	0	1
Total	108	0	0	0	108

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	1	0	0	0	1
Total	108	0	0	0	108

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	28.00
Certified Aides	72.00
Other Health Staff	0.00
Non-Health Staff	57.00
Totals	166.00

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
43.2%	37.2%	0.0%	6.5%	13.1%	100.0%		
5,064,887	4,354,395	0	757,351	1,535,407	11,712,040	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SYMPHONY OF BRONZEVILLE
3400 S. INDIANA AVENUE
Chicago, IL. 60616

Reference Numbers

Facility ID	6001689	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 35 - Douglas

Administrator
NIQUITTA BERRY

Contact Person and Telephone
LESA JAGUSCH

Registered Agent Information
ILLINOIS CORPORATION SERVICE CO
801 ADLAI STEVENSON DRIVE
Springfield, IL 62703

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	275
Total Admissions 2017	315
Total Discharges 2017	331
Residents on 12/31/2017	259

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	2
Mental Illness	13
Developmental Disability	0
Circulatory System	20
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	207
Non-Medical Conditions	0
TOTALS	259

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 24

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	302	296	286	296	259	43	302	302
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	302	296	286	296	259	43	302	302

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6019	5.5%	78446	71.2%	2478	7164	5092	0	99199	90.0%	91.8%
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%
TOTALS	6019	5.5%	78446	71.2%	2478	7164	5092	0	99199	90.0%	91.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	2	0	0	0	0	0	0	3	2	5
45 to 59	31	12	0	0	0	0	0	0	31	12	43
60 to 64	23	5	0	0	0	0	0	0	23	5	28
65 to 74	42	31	0	0	0	0	0	0	42	31	73
75 to 84	33	26	0	0	0	0	0	0	33	26	59
85+	9	42	0	0	0	0	0	0	9	42	51
TOTALS	141	118	0	0	0	0	0	0	141	118	259

SYMPHONY OF BRONZEVILLE
3400 S. INDIANA AVENUE
Chicago, IL. 60616

Classification Numbers

Facility ID	6001689	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 35 - Douglas

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	60	166	3	15	0	259
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	60	166	3	15	0	259

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	2	0	0	0	2
Black	242	0	0	0	242
Hawaiian/Pacific Isl.	1	0	0	0	1
White	6	0	0	0	6
Race Unknown	3	0	0	0	3
Total	259	0	0	0	259

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	256	0	0	0	256
Ethnicity Unknown	0	0	0	0	0
Total	259	0	0	0	259

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	56.00
Certified Aides	87.00
Other Health Staff	11.00
Non-Health Staff	48.00
Totals	217.00

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
18.9%	65.0%	2.4%	9.3%	4.4%	100.0%		
3,685,045	12,663,243	473,580	1,805,878	852,779	19,480,525	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

6/3/2016 Formerly Chevy Chase Nursing & Rehab. Center, Bronzeville Park Nursing, and Symphony of Bronzeville Park.

Symphony of Buffalo Grove
150 N. Weiland Rd.
Buffalo Grove, IL. 60089

Reference Numbers

Facility ID	6014195	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Melissa Dominowski

Contact Person and Telephone
Kelley McHugh
847-465-0200

Registered Agent Information

Date Questionnaire Completed 3/5/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	143
Total Admissions 2017	743
Total Discharges 2017	734
Residents on 12/31/2017	152

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	18
Developmental Disability	0
Circulatory System	4
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	121
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	152

Total Residents Diagnosed as Mentally Ill 121

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	200	200	163	200	152	48	200	200
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	200	200	163	200	152	48	200	200

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14063	19.3%	28467	39.0%	0	3364	8538	0	54432	74.6%	74.6%
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%
TOTALS	14063	19.3%	28467	39.0%	0	3364	8538	0	54432	74.6%	74.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	2	3	5
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	11	24	0	0	0	0	0	0	11	24	35
75 to 84	11	28	0	0	0	0	0	0	11	28	39
85+	18	47	0	0	0	0	0	0	18	47	65
TOTALS	45	107	0	0	0	0	0	0	45	107	152

Symphony of Buffalo Grove
150 N. Weiland Rd.
Buffalo Grove, IL. 60089

Classification Numbers

Facility ID	6014195	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	80	0	8	23	0	152
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	41	80	0	8	23	0	152

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	2	0	0	0	2
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	140	0	0	0	140
Race Unknown	3	0	0	0	3
Total	152	0	0	0	152

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	149	0	0	0	149
Ethnicity Unknown	0	0	0	0	0
Total	152	0	0	0	152

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	1.00
Director of Nursing	2.00
Registered Nurses	15.00
LPN's	22.00
Certified Aides	63.00
Other Health Staff	0.00
Non-Health Staff	77.00
Totals	182.00

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
49.3%	28.3%	0.0%	8.4%	13.9%	100.0%		
8,914,868	5,127,592	0	1,526,225	2,521,476	18,090,161	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Symphony of Chicago West
5130 West Jackson Blvd
Chicago, IL. 60664

Reference Numbers

Facility ID	6004832	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 25 - Austin

Administrator
Corey David

Contact Person and Telephone
Corey David

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	221
Total Admissions 2017	431
Total Discharges 2017	441
Residents on 12/31/2017	211

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	45
Blood Disorders	3
*Nervous System Non Alzheimer	13
Alzheimer Disease	45
Mental Illness	9
Developmental Disability	0
Circulatory System	48
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	16
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	221

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	234	234	221	234	221	13	234	234
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	234	234	221	234	221	13	234	234

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6709	7.9%	70995	83.1%	0	2424	734	0	80862	94.7%	94.7%
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%
TOTALS	6709	7.9%	70995	83.1%	0	2424	734	0	80862	94.7%	94.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	3	0	0	0	0	0	0	7	3	10
45 to 59	30	12	0	0	0	0	0	0	30	12	42
60 to 64	23	16	0	0	0	0	0	0	23	16	39
65 to 74	31	18	0	0	0	0	0	0	31	18	49
75 to 84	30	30	0	0	0	0	0	0	30	30	60
85+	11	10	0	0	0	0	0	0	11	10	21
TOTALS	132	89	0	0	0	0	0	0	132	89	221

Symphony of Chicago West
5130 West Jackson Blvd
Chicago, IL. 60664

Classification Numbers

Facility ID	6004832	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 25 - Austin

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	161	0	4	9	0	221
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	47	161	0	4	9	0	221

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	193	0	0	0	193
Hawaiian/Pacific Isl.	0	0	0	0	0
White	27	0	0	0	27
Race Unknown	0	0	0	0	0
Total	221	0	0	0	221

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	27	0	0	0	27
Non-Hispanic	194	0	0	0	194
Ethnicity Unknown	0	0	0	0	0
Total	221	0	0	0	221

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	31.00
Certified Aides	73.00
Other Health Staff	12.00
Non-Health Staff	40.00
Totals	173.00

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
22.8%	69.7%	0.3%	5.5%	1.8%	100.0%		
3,252,406	9,948,835	38,378	791,838	252,522	14,283,979	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

6/3/2016 Formerly Jackson Square Skilled Nursing & Living Center.

Symphony of Crestwood
14255 S. Cicero Ave
Crestwood, IL. 60445

Reference Numbers

Facility ID	6002265	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

Administrator
Nancy McDonald

Contact Person and Telephone
Nancy McDonald
630-327-5819

Registered Agent Information
Illinois Corporation Service
801 Adlai Stevenson Drive

Date Questionnaire Completed 4/29/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	203
Total Admissions 2017	726
Total Discharges 2017	696
Residents on 12/31/2017	233

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	2
Blood Disorders	7
*Nervous System Non Alzheimer	18
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	21
Digestive System	16
Genitourinary System Disorders	42
Skin Disorders	1
Musculo-skeletal Disorders	45
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	210

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	303	256	219	256	210	93	297	297
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	303	256	219	256	210	93	297	297

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7041	6.5%	53064	48.9%	0	12316	4236	0	76657	69.3%	82.0%
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%
TOTALS	7041	6.5%	53064	48.9%	0	12316	4236	0	76657	69.3%	82.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	6	3	0	0	0	0	0	0	6	3	9
60 to 64	26	24	0	0	0	0	0	0	26	24	50
65 to 74	25	48	0	0	0	0	0	0	25	48	73
75 to 84	28	26	0	0	0	0	0	0	28	26	54
85+	3	21	0	0	0	0	0	0	3	21	24
TOTALS	88	122	0	0	0	0	0	0	88	122	210

Symphony of Crestwood
14255 S. Cicero Ave
Crestwood, IL. 60445

Classification Numbers

Facility ID	6002265	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	155	0	21	9	0	210
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	155	0	21	9	0	210

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	117	0	0	0	117
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	26	0	0	0	26
Total	236	0	0	0	236

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	199	0	0	0	199
Ethnicity Unknown	0	0	0	0	0
Total	210	0	0	0	210

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	37.00
Certified Aides	140.00
Other Health Staff	26.00
Non-Health Staff	24.00
Totals	255.00

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
21.5%	44.6%	0.0%	28.0%	5.9%	100.0%		
4,390,951	9,093,550	0	5,706,323	1,212,567	20,403,391	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SYMPHONY OF DECATUR
2530 NORTH MONROE ST.
Decatur, IL. 62526-3249

Reference Numbers

Facility ID	6006282	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator

Contact Person and Telephone
ZENY ENGRACIA
847-745-6244

Registered Agent Information

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	153
Total Admissions 2017	236
Total Discharges 2017	245
Residents on 12/31/2017	144

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	13
Blood Disorders	5
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	26
Developmental Disability	1
Circulatory System	31
Respiratory System	15
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	5
Musculo-skeletal Disorders	5
Injuries and Poisonings	8
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	144

Total Residents Diagnosed as Mentally Ill 26

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	198	198	160	198	144	54	195	195
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	198	198	160	198	144	54	195	195

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5120	7.2%	43439	61.0%	0	388	5267	0	54214	75.0%	75.0%
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%
TOTALS	5120	7.2%	43439	61.0%	0	388	5267	0	54214	75.0%	75.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	13	15	0	0	0	0	0	0	13	15	28
60 to 64	11	6	0	0	0	0	0	0	11	6	17
65 to 74	19	11	0	0	0	0	0	0	19	11	30
75 to 84	14	16	0	0	0	0	0	0	14	16	30
85+	11	28	0	0	0	0	0	0	11	28	39
TOTALS	68	76	0	0	0	0	0	0	68	76	144

SYMPHONY OF DECATUR
2530 NORTH MONROE ST.
Decatur, IL. 62526-3249

Classification Numbers

Facility ID	6006282	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	121	0	0	12	0	144
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	121	0	0	12	0	144

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	38	0	0	0	38
Hawaiian/Pacific Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	0	0	0	0	0
Total	144	0	0	0	144

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	0	0	0	0	0
Total	144	0	0	0	144

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	39.00
Certified Aides	68.00
Other Health Staff	4.00
Non-Health Staff	64.00
Totals	188.00

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
27.8%	59.7%	0.0%	1.8%	10.7%	100.0%		
3,090,584	6,632,784	0	203,588	1,183,539	11,110,495	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Symphony of Evanston Healthcare LLC
820 Foster St

Reference Numbers

Facility ID	6007967	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

Administrator
Philip Stone

Contact Person and Telephone
Philip Stone
224-935-2192

Registered Agent Information

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	105
Total Admissions 2017	586
Total Discharges 2017	595
Residents on 12/31/2017	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	11
Mental Illness	21
Developmental Disability	0
Circulatory System	11
Respiratory System	7
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	7
Non-Medical Conditions	11
TOTALS	96

Total Residents Diagnosed as Mentally Ill 21

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	158	120	113	120	96	62	158	125
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	158	120	113	120	96	62	158	125

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9973	17.3%	9344	20.5%	0	3464	14233	0	37014	64.2%	84.5%
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%
TOTALS	9973	17.3%	9344	20.5%	0	3464	14233	0	37014	64.2%	84.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	2	5	0	0	0	0	0	0	2	5	7
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	14	15	0	0	0	0	0	0	14	15	29
85+	10	32	0	0	0	0	0	0	10	32	42
TOTALS	36	60	0	0	0	0	0	0	36	60	96

Symphony of Evanston Healthcare LLC
820 Foster St

Classification Numbers

Facility ID	6007967	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	26	0	8	41	0	96
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	26	0	8	41	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	8.70
Certified Aides	42.30
Other Health Staff	2.50
Non-Health Staff	51.90
Totals	126.40

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
44.6%	13.3%	0.0%	11.9%	30.2%	100.0%		
6,667,818	1,981,426	0	1,778,552	4,512,915	14,940,711	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Symphony of Hanover Park
2000 W. lake St.
Hanover Park, IL. 60133

Reference Numbers

Facility ID	6016554	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Hanover Township

Administrator
Eitan Zeffren

Contact Person and Telephone
Lesa Jagush
847-745-6200

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/12/2018

Life Care Facility

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	94
Total Admissions 2017	1,122
Total Discharges 2017	1,127
Residents on 12/31/2017	89

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	28
Injuries and Poisonings	3
Other Medical Conditions	32
Non-Medical Conditions	0
TOTALS	89

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	106	103	106	89	61	150	14
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	150	106	103	106	89	61	150	14

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	19845	36.2%	1869	36.6%	0	7485	2031	11	31241	57.1%	80.7%
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%
TOTALS	19845	36.2%	1869	36.6%	0	7485	2031	11	31241	57.1%	80.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	2	2	4
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	7	13	0	0	0	0	0	0	7	13	20
75 to 84	12	17	0	0	0	0	0	0	12	17	29
85+	5	22	0	0	0	0	0	0	5	22	27
TOTALS	30	59	0	0	0	0	0	0	30	59	89

Symphony of Hanover Park
2000 W. lake St.
Hanover Park, IL. 60133

Classification Numbers

Facility ID	6016554	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Hanover Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	59	7	0	20	3	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	59	7	0	20	3	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.00
LPN's	26.00
Certified Aides	53.00
Other Health Staff	0.00
Non-Health Staff	45.00
Totals	155.00

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
72.1%	4.4%	0.0%	20.3%	3.2%	100.0%		
11,804,731	722,654	0	3,328,687	523,623	16,379,695	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

5/1/2016 Formerly Church Creek Station Nursing and Claremont-Hanover Park.

5/1/2016 Change of Ownership occurred.

Symphony of Joliet
306 N. Larkin Ave
Joliet, IL. 60435

Reference Numbers

Facility ID	6002463	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Amy Hammond

Contact Person and Telephone
Amy Hammond
815-744-5560

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Dr
Springfield, IL 62703

Date Questionnaire Completed 4/11/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	175
Total Admissions 2017	336
Total Discharges 2017	350
Residents on 12/31/2017	161

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	52
Mental Illness	2
Developmental Disability	1
Circulatory System	31
Respiratory System	23
Digestive System	3
Genitourinary System Disorders	11
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	4
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	161

Total Residents Diagnosed as Mentally Ill 90

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	214	187	182	187	161	53	214	214
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	214	187	182	187	161	53	214	214

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8254	10.6%	42952	55.0%	0	2604	7739	0	61549	78.8%	90.2%
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%
TOTALS	8254	10.6%	42952	55.0%	0	2604	7739	0	61549	78.8%	90.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	3	0	0	0	0	0	0	0	3	3
45 to 59	8	6	0	0	0	0	0	0	8	6	14
60 to 64	1	6	0	0	0	0	0	0	1	6	7
65 to 74	22	15	0	0	0	0	0	0	22	15	37
75 to 84	19	34	0	0	0	0	0	0	19	34	53
85+	9	38	0	0	0	0	0	0	9	38	47
TOTALS	59	102	0	0	0	0	0	0	59	102	161

Symphony of Joliet
306 N. Larkin Ave
Joliet, IL. 60435

Classification Numbers

Facility ID	6002463	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	112	0	6	22	0	161
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	112	0	6	22	0	161

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	39	0	0	0	39
Hawaiian/Pacific Isl.	1	0	0	0	1
White	120	0	0	0	120
Race Unknown	0	0	0	0	0
Total	161	0	0	0	161

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	154	0	0	0	154
Ethnicity Unknown	0	0	0	0	0
Total	161	0	0	0	161

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	17.00
Certified Aides	65.00
Other Health Staff	7.00
Non-Health Staff	54.00
Totals	172.00

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
34.5%	47.5%	0.0%	8.3%	9.7%	100.0%		
5,438,764	7,470,355	0	1,300,636	1,532,354	15,742,109	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Symphony of Lincoln Park
1366 W. Fullerton Avenue
Chicago, IL. 60614

Reference Numbers

Facility ID	6004733	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 7 - Lincoln Park

Administrator
Moshe Siegal

Contact Person and Telephone
Moshe Pretter
773-248-9300

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 3/29/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	212
Total Admissions 2017	570
Total Discharges 2017	578
Residents on 12/31/2017	204

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	14
Skin Disorders	16
Musculo-skeletal Disorders	113
Injuries and Poisonings	2
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	204

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	248	248	248	248	204	44	248	248
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	248	248	248	248	204	44	248	248

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9906	10.9%	55120	60.9%	332	4469	3994	0	73821	81.6%	81.6%
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%
TOTALS	9906	10.9%	55120	60.9%	332	4469	3994	0	73821	81.6%	81.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	13	7	0	0	0	0	0	0	13	7	20
60 to 64	10	8	0	0	0	0	0	0	10	8	18
65 to 74	27	19	0	0	0	0	0	0	27	19	46
75 to 84	24	29	0	0	0	0	0	0	24	29	53
85+	24	42	0	0	0	0	0	0	24	42	66
TOTALS	98	106	0	0	0	0	0	0	98	106	204

Symphony of Lincoln Park
1366 W. Fullerton Avenue
Chicago, IL. 60614

Classification Numbers

Facility ID	6004733	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 7 - Lincoln Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	4	1	168	11	0	204
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	4	1	168	11	0	204

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	87	0	0	0	87
Hawaiian/Pacific Isl.	1	0	0	0	1
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	167	0	0	0	167

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	37	0	0	0	37
Non-Hispanic	167	0	0	0	167
Ethnicity Unknown	0	0	0	0	0
Total	204	0	0	0	204

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	28.00
Certified Aides	61.00
Other Health Staff	50.00
Non-Health Staff	61.00
Totals	224.00

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
31.6%	49.0%	0.0%	14.0%	5.4%	100.0%		
6,533,787	10,124,796	0	2,895,092	1,110,166	20,663,841	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

6/3/2016 Formerly Imperial Grove Pavilion and Imperial of Lincoln Park.

Symphony of Morgan Park
10935 S. Halsted
Chicago, IL. 60628

Reference Numbers

Facility ID	6003958	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 75 - Morgan Park

Administrator
Bonzetta Williams

Contact Person and Telephone
Bonzetta Williams
773-928-2000

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/30/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	250
Total Admissions 2017	383
Total Discharges 2017	399
Residents on 12/31/2017	234

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	26
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	52
Mental Illness	24
Developmental Disability	0
Circulatory System	49
Respiratory System	30
Digestive System	7
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	12
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	234

Total Residents Diagnosed as Mentally Ill 24

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	294	265	254	265	234	60	294	294
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	294	265	254	265	234	60	294	294

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6759	6.3%	69708	65.0%	7264	1071	3510	0	88312	82.3%	91.3%
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%
TOTALS	6759	6.3%	69708	65.0%	7264	1071	3510	0	88312	82.3%	91.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	1	0	0	0	0	0	0	5	1	6
45 to 59	25	19	0	0	0	0	0	0	25	19	44
60 to 64	29	17	0	0	0	0	0	0	29	17	46
65 to 74	27	20	0	0	0	0	0	0	27	20	47
75 to 84	21	26	0	0	0	0	0	0	21	26	47
85+	15	29	0	0	0	0	0	0	15	29	44
TOTALS	122	112	0	0	0	0	0	0	122	112	234

Symphony of Morgan Park
10935 S. Halsted
Chicago, IL. 60628

Classification Numbers

Facility ID	6003958	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 75 - Morgan Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	185	19	2	3	0	234
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	185	19	2	3	0	234

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	226	0	0	0	226
Hawaiian/Pacific Isl.	0	0	0	0	0
White	17	0	0	0	17
Race Unknown	0	0	0	0	0
Total	243	0	0	0	243

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	237	0	0	0	237
Ethnicity Unknown	0	0	0	0	0
Total	243	0	0	0	243

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	38.00
Certified Aides	65.00
Other Health Staff	11.00
Non-Health Staff	39.00
Totals	164.00

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
25.0%	60.2%	1.5%	9.7%	3.7%	100.0%		
4,718,361	11,369,118	274,523	1,835,660	695,905	18,893,567	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

8/4/2016 Formerly Halsted Terrace Nursing Center, Renaissance at Halsted, Renaissance Park South and Symphony of Park South.

Symphony of Orchard Valley
2330 West Galena Blvd
Aurora, IL. 60506

Reference Numbers

Facility ID	6002174	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Brittany Herwig

Contact Person and Telephone
Brittany Herwig
630-896-4686

Registered Agent Information
Pegi McCabe
6633 N. Lincoln Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	170
Total Admissions 2017	294
Total Discharges 2017	307
Residents on 12/31/2017	157

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	4
Mental Illness	33
Developmental Disability	0
Circulatory System	34
Respiratory System	5
Digestive System	7
Genitourinary System Disorders	11
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	5
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	157

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	195	184	195	157	46	127	203
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	203	195	184	195	157	46	127	203

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4953	10.7%	50448	68.1%	0	1720	5053	0	62174	83.9%	87.4%
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%
TOTALS	4953	10.7%	50448	68.1%	0	1720	5053	0	62174	83.9%	87.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	0	0	0	0	0	0	0	4	0	4
45 to 59	9	2	0	0	0	0	0	0	9	2	11
60 to 64	8	7	0	0	0	0	0	0	8	7	15
65 to 74	9	22	0	0	0	0	0	0	9	22	31
75 to 84	17	29	0	0	0	0	0	0	17	29	46
85+	6	44	0	0	0	0	0	0	6	44	50
TOTALS	53	104	0	0	0	0	0	0	53	104	157

Symphony of Orchard Valley
2330 West Galena Blvd
Aurora, IL. 60506

Classification Numbers

Facility ID	6002174	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	124	0	0	17	0	157
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	124	0	0	17	0	157

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	24	0	0	0	24
Hawaiian/Pacific Isl.	1	0	0	0	1
White	130	0	0	0	130
Race Unknown	0	0	0	0	0
Total	157	0	0	0	157

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	19	0	0	0	19
Non-Hispanic	138	0	0	0	138
Ethnicity Unknown	0	0	0	0	0
Total	157	0	0	0	157

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.40
Director of Nursing	2.00
Registered Nurses	19.48
LPN's	13.76
Certified Aides	52.10
Other Health Staff	2.00
Non-Health Staff	40.10
Totals	130.84

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%	59.4%	0.0%	7.2%	7.5%	100.0%		
3,866,965	8,875,885	0	1,073,584	1,114,928	14,931,362	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

6/2/2016 Formerly Countryside Care Center.

SYMPHONY OF SOUTH SHORE
2425 EAST 71ST STREET
Chicago, IL. 60649

Reference Numbers

Facility ID	6014823	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 43 - South Shore

Administrator
Ebony Scott

Contact Person and Telephone
Ebony Scott
773-721-5000

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 5/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	221
Total Admissions 2017	482
Total Discharges 2017	613
Residents on 12/31/2017	90

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer 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
TOTALS	0

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	247	0	0	242	207	40	248	248
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	247	0	0	242	207	40	248	248

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10861	12.0%	41002	45.3%	0	4471	3231	0	59565	66.1%	0.0%
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%
TOTALS	10861	12.0%	41002	45.3%	0	4471	3231	0	59565	66.1%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	14	8	0	0	0	0	0	0	14	8	22
60 to 64	12	12	0	0	0	0	0	0	12	12	24
65 to 74	23	16	0	0	0	0	0	0	23	16	39
75 to 84	24	36	0	0	0	0	0	0	24	36	60
85+	13	48	0	0	0	0	0	0	13	48	61
TOTALS	86	121	0	0	0	0	0	0	86	121	207

SYMPHONY OF SOUTH SHORE
2425 EAST 71ST STREET
Chicago, IL. 60649

Classification Numbers

Facility ID	6014823	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 43 - South Shore

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	140	0	14	13	0	200
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	140	0	14	13	0	200

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	200	0	0	0	200
Hawaiian/Pacific Isl.	0	0	0	0	0
White	4	0	0	0	4
Race Unknown	0	0	0	0	0
Total	205	0	0	0	205

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	2	0	0	0	2

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.40
Physicians	0.00
Director of Nursing	0.40
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	0.80

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Tabor Hills Healthcare Facility
1347 Crystal Ave
Naperville , IL. 60563

Reference Numbers

Facility ID	6014252	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Naperville Township

Administrator
Anthony Harvat

Contact Person and Telephone
Anthony Harvat
630-778-6677

Registered Agent Information
Aaron Troy
1176 S Naperville Rd STE 1044
Wheaton, IL 60189

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	156
Total Admissions 2017	288
Total Discharges 2017	299
Residents on 12/31/2017	145

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	16
Mental Illness	29
Developmental Disability	0
Circulatory System	40
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	25
Injuries and Poisonings	11
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	145

Total Residents Diagnosed as Mentally Ill 83

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	199	191	161	173	145	54	52	60
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	199	191	161	173	145	54	52	60

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3222	17.0%	16895	77.1%	0	1038	31191	0	52346	72.1%	75.1%
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%
TOTALS	3222	17.0%	16895	77.1%	0	1038	31191	0	52346	72.1%	75.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	9	25	0	0	0	0	0	0	9	25	34
85+	24	80	0	0	0	0	0	0	24	80	104
TOTALS	37	108	0	0	0	0	0	0	37	108	145

Tabor Hills Healthcare Facility
1347 Crystal Ave
Naperville , IL. 60563

Classification Numbers

Facility ID	6014252	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Naperville Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	47	0	5	82	0	145
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	47	0	5	82	0	145

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	144	0	0	0	144
Race Unknown	0	0	0	0	0
Total	145	0	0	0	145

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	144	0	0	0	144
Ethnicity Unknown	0	0	0	0	0
Total	145	0	0	0	145

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	36.40
LPN's	4.60
Certified Aides	57.40
Other Health Staff	17.00
Non-Health Staff	53.80
Totals	171.20

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
11.4%	20.4%	0.0%	4.7%	63.5%	100.0%		
1,515,103	2,720,488	0	623,247	8,459,685	13,318,523	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TAC House
421 Constitution Drive
Aurora, IL. 60506

Reference Numbers

Facility ID	6011621	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Catherine McCollum

Contact Person and Telephone
Catherine McCollum
630-966-4115

Registered Agent Information
Association for Individual Development
308 West Indian Trail Ct
Aurora, IL 60506

Date Questionnaire Completed 4/16/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	0	0	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	0	0	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			350	6.0%	0	0	0	0	350	6.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	350	6.0%	0	0	0	0	350	6.0%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	2	0	0	3	2	5
45 to 59	0	0	0	0	5	6	0	0	5	6	11
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

TAC House
421 Constitution Drive
Aurora, IL. 60506

Classification Numbers

Facility ID	6011621	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.05
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	7.00
Totals	7.30

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	333,565	0	0	0	333,565	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Tanner Place
321 Chestnut Street
Paris, IL. 61944

Reference Numbers

Facility ID	6011985	
Health Service Area	004	
Planning Service Area	045	Edgar
County	045	Edgar County

Administrator
Courtney Buhlig

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5505	94.3%	0	0	0	0	5505	94.3%	94.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5505	94.3%	0	0	0	0	5505	94.3%	94.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	4	0	0	3	4	7
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	1	1	0	0	1	1	2
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
TOTALS	0	0	0	0	7	8	0	0	7	8	15

Tanner Place
321 Chestnut Street
Paris, IL. 61944

Classification Numbers

Facility ID	6011985	
Health Service Area	004	
Planning Service Area	045	Edgar
County	045	Edgar County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	73.9%	0.4%	0.0%	25.7%	100.0%		
0	432,927	2,107	0	150,480	585,514	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Taylor House
3021 Taylor Ave.
Springfield, IL. 62703

Reference Numbers

Facility ID	6010219	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Glenn W. Miller

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	14
Total Admissions 2017	3
Total Discharges 2017	3
Residents on 12/31/2017	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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
TOTALS	14

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	14	2	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4566	78.2%	0	0	0	0	4566	78.2%	78.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4566	78.2%	0	0	0	0	4566	78.2%	78.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	1	0	0	0	1	1
18 to 44	0	0	0	0	6	1	0	0	6	1	7
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	2	1	0	0	2	1	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
TOTALS	0	0	0	0	10	4	0	0	10	4	14

Taylor House
3021 Taylor Ave.
Springfield, IL. 62703

Classification Numbers

Facility ID	6010219	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	73.4%	2.6%	0.0%	24.1%	100.0%		
0	402,379	14,161	0	132,027	548,567	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Taylorville Care Center
600 South Houston
Taylorville, IL. 62568

Reference Numbers

Facility ID	6009369	
Health Service Area	003	
Planning Service Area	021	Christian
County	021	Christian County

Administrator
Rhonda Hancock

Contact Person and Telephone
Amy Elik
618-327-3064

Registered Agent Information
Denise King
1670 Essex Way Suite B
O'Fallon, IL 62269

Date Questionnaire Completed 4/9/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	73
Total Admissions 2017	85
Total Discharges 2017	95
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	4
Mental Illness	24
Developmental Disability	1
Circulatory System	7
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	63

Total Residents Diagnosed as Mentally Ill 24

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	78	98	63	35	24	98
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	98	98	78	98	63	35	24	98

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1435	16.4%	13702	38.3%	459	173	9090	0	24859	69.5%	69.5%
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%
TOTALS	1435	16.4%	13702	38.3%	459	173	9090	0	24859	69.5%	69.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	7	0	0	0	0	0	0	1	7	8
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	7	34	0	0	0	0	0	0	7	34	41
TOTALS	13	50	0	0	0	0	0	0	13	50	63

Taylorville Care Center
600 South Houston
Taylorville, IL. 62568

Classification Numbers

Facility ID	6009369	
Health Service Area	003	
Planning Service Area	021	Christian
County	021	Christian County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	37	1	0	21	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	37	1	0	21	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.66
LPN's	10.62
Certified Aides	24.59
Other Health Staff	0.00
Non-Health Staff	23.43
Totals	61.30

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%	43.4%	1.5%	2.0%	35.4%	100.0%		
723,668	1,764,407	59,105	79,519	1,440,097	4,066,796	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Taylorville Terrace
921 E Market
Taylorville, IL. 62568

Reference Numbers

Facility ID	6012934	
Health Service Area	003	
Planning Service Area	021	Christian
County	021	Christian County

Administrator
Christina Durbin

Contact Person and Telephone
Christina Durbin
217-825-4267

Registered Agent Information
Lawrence Manson
20180 Governors Drive Suite 300
Olympia Fields, IL 60461

Date Questionnaire Completed 4/11/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	14
Total Admissions 2017	0
Total Discharges 2017	1
Residents on 12/31/2017	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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
TOTALS	13

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	14	16	13	3	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5122	87.7%	0	0	0	0	5122	87.7%	87.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5122	87.7%	0	0	0	0	5122	87.7%	87.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	0	0	0	3	0	3
45 to 59	0	0	0	0	3	6	0	0	3	6	9
60 to 64	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	6	7	0	0	6	7	13

Taylorville Terrace
921 E Market
Taylorville, IL. 62568

Classification Numbers

Facility ID	6012934	
Health Service Area	003	
Planning Service Area	021	Christian
County	021	Christian County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.50
Certified Aides	0.00
Other Health Staff	8.50
Non-Health Staff	0.50
Totals	10.00

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
0.0%	86.9%	0.0%	0.0%	13.1%	100.0%		
0	548,208	0	0	82,779	630,987	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TCLC, LLC DBA Winchester House
1125 N. Milwaukee Ave.
Libertyville, IL. 60048

Reference Numbers

Facility ID	6010052	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Jacqueline Prestel

Contact Person and Telephone
Jacqueline Prestel
847-377-7200

Registered Agent Information

Date Questionnaire Completed 4/6/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	126
Total Admissions 2017	72
Total Discharges 2017	79
Residents on 12/31/2017	119

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	18
Mental Illness	46
Developmental Disability	0
Circulatory System	17
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	119

Total Residents Diagnosed as Mentally Ill 46

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	224	224	131	131	119	105	224	224
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	224	224	131	131	119	105	224	224

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2826	3.5%	13825	16.9%	22664	126	5512	0	44953	55.0%	55.0%
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%
TOTALS	2826	3.5%	13825	16.9%	22664	126	5512	0	44953	55.0%	55.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	3	1	4
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	6	12	0	0	0	0	0	0	6	12	18
75 to 84	9	16	0	0	0	0	0	0	9	16	25
85+	8	55	0	0	0	0	0	0	8	55	63
TOTALS	30	89	0	0	0	0	0	0	30	89	119

TCLC, LLC DBA Winchester House
1125 N. Milwaukee Ave.
Libertyville, IL. 60048

Classification Numbers

Facility ID	6010052	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	92	0	0	20	0	119
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	92	0	0	20	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	4	0	0	0	4
Total	119	0	0	0	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	0	0	0	0	0
Total	119	0	0	0	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	4.00
Certified Aides	36.00
Other Health Staff	3.00
Non-Health Staff	33.00
Totals	86.00

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
18.2%	67.4%	0.0%	0.8%	13.6%	100.0%		
1,684,596	6,245,597	0	74,497	1,256,589	9,261,279	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Terrace Nursing Home
1615 Sunset Ave
Waukegan, IL. 60087

Reference Numbers

Facility ID	6009377	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Rose Shults

Contact Person and Telephone
Jennifer Kowach
847-244-6700

Registered Agent Information
Tom Hein
1S443 Summit Ave, Suite 204
Oak Brook Terrace, IL 60181

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	95
Total Admissions 2017	82
Total Discharges 2017	93
Residents on 12/31/2017	84

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System Non Alzheimer	14
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	1
Circulatory System	13
Respiratory System	14
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	84

Total Residents Diagnosed as Mentally Ill 31

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	115	98	115	84	31	0	115
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	115	115	98	115	84	31	0	115

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2619	0.0%	21543	51.3%	0	365	4919	58	29504	70.3%	70.3%
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%
TOTALS	2619	0.0%	21543	51.3%	0	365	4919	58	29504	70.3%	70.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	2	0	0	0	0	0	0	2	2	4
65 to 74	9	9	0	0	0	0	0	0	9	9	18
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	13	25	0	0	0	0	0	0	13	25	38
TOTALS	31	53	0	0	0	0	0	0	31	53	84

Terrace Nursing Home
1615 Sunset Ave
Waukegan, IL. 60087

Classification Numbers

Facility ID	6009377	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	63	0	1	14	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	63	0	1	14	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	19	0	0	0	19
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	13	0	0	0	13
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.30
LPN's	5.10
Certified Aides	24.40
Other Health Staff	3.00
Non-Health Staff	18.80
Totals	65.60

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
28.9%	57.8%	0.0%	0.8%	12.6%	100.0%		
1,894,436	3,790,985	0	50,952	824,815	6,561,188	8,228	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Abington of Glenview
3901 Glenview Rd
Glenview, IL. 60025

Reference Numbers

Facility ID	6012595	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Northfield Township

Administrator
Elisha Atkin

Contact Person and Telephone
Joseph Tsadok
847-729-0000

Registered Agent Information
Lawrence Schwartz
2201 Main St. Suite 180
Evanston, IL 60202

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	113
Total Admissions 2017	753
Total Discharges 2017	770
Residents on 12/31/2017	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	21
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	38
Respiratory System	12
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	113

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	192	175	125	175	113	79	192	69
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	175	125	175	113	79	192	69

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11833	16.9%	2654	10.5%	0	2777	21097	0	38361	54.7%	60.1%
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%
TOTALS	11833	16.9%	2654	10.5%	0	2777	21097	0	38361	54.7%	60.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	12	32	0	0	0	0	0	0	12	32	44
75 to 84	20	30	0	0	0	0	0	0	20	30	50
85+	6	4	0	0	0	0	0	0	6	4	10
TOTALS	43	70	0	0	0	0	0	0	43	70	113

The Abington of Glenview
3901 Glenview Rd
Glenview, IL. 60025

Classification Numbers

Facility ID	6012595	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Northfield Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	37	7	6	10	53	0	113
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	37	7	6	10	53	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	2	0	0	0	2
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	108	0	0	0	108
Race Unknown		0	0	0	
Total		0	0	0	

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	1	0	0	0	1

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	9.00
Certified Aides	42.00
Other Health Staff	22.00
Non-Health Staff	66.00
Totals	166.00

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
58.0%	3.8%	0.0%	2.4%	35.8%	100.0%		
9,043,716	596,211	0	378,236	5,579,589	15,597,752	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

2/22/2016 Change of Ownership occurred.

The Bridge Care Suites
3089 Old Jacksonville Road
Springfield, IL. 62702

Reference Numbers

Facility ID	6016794	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Tanisha McCullough

Contact Person and Telephone
Tanisha McCullough
217-787-0000

Registered Agent Information
V Corp Services
25 Robert Pitt Drive Suite 204
Monsey, NY 10952

Date Questionnaire Completed 3/21/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	54
Total Admissions 2017	813
Total Discharges 2017	809
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	14
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	58

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	75	75	75	75	58	17	0	0
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	75	75	75	75	58	17	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11439	0.0%	0	0.0%	0	7882	1028	0	20349	74.3%	74.3%
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%
TOTALS	11439	0.0%	0	0.0%	0	7882	1028	0	20349	74.3%	74.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	6	17	0	0	0	0	0	0	6	17	23
85+	4	15	0	0	0	0	0	0	4	15	19
TOTALS	17	41	0	0	0	0	0	0	17	41	58

The Bridge Care Suites
3089 Old Jacksonville Road
Springfield, IL. 62702

Classification Numbers

Facility ID	6016794	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	0	0	17	6	0	58
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	35	0	0	17	6	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	41.00

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
59.7%	0.0%	0.0%	36.8%	3.5%	100.0%		
5,576,779	0	0	3,436,538	329,505	9,342,822	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The British Home
8700 W. 31st Street
Brookfield, IL. 60513

Reference Numbers

Facility ID	6001184	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Riverside Township

Administrator
Alice Franks

Contact Person and Telephone
Alice Franks
708-485-2422

Registered Agent Information
John Larson
8700 W. 31st Street
Brookfield, IL 60513

Date Questionnaire Completed 3/7/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	59
Total Admissions 2017	512
Total Discharges 2017	523
Residents on 12/31/2017	48

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	48

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	72	72	37	72	37	35	72	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	20	20	11	20	11	9		
TOTAL BEDS	92	92	48	92	48	44	72	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7397	28.1%	0	0.0%	0	2228	6821	140	16586	63.1%	63.1%
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	4648	142	4790	65.6%	65.6%
TOTALS	7397	28.1%	0	0.0%	0	2228	11469	282	21376	63.7%	63.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	3	3	0	0	0	0	0	2	3	5	8
85+	8	21	0	0	0	0	2	7	10	28	38
TOTALS	11	26	0	0	0	0	2	9	13	35	48

The British Home
8700 W. 31st Street
Brookfield, IL. 60513

Classification Numbers

Facility ID	6001184	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Riverside Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	0	0	4	14	1	37
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	11	0	11
TOTALS	18	0	0	4	25	1	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	11	46
Race Unknown	1	0	0	0	1
Total	37	0	0	11	48

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	3	0	0	0	3

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	8.00
LPN's	4.00
Certified Aides	28.00
Other Health Staff	2.00
Non-Health Staff	7.00
Totals	52.00

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
54.0%	0.0%	0.0%	13.1%	33.0%	100.0%		
4,543,067	0	0	1,100,945	2,776,726	8,420,738	61,473	0.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Carlton at the Lake
725 W. Montrose Ave.
Chicago, IL. 60613

Reference Numbers

Facility ID	6001465	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

Administrator
Joanne Ventrella

Contact Person and Telephone
Joanne Ventrella
773 929-1700

Registered Agent Information
Illinois Corporation Service Company
804 Aldai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	194
Total Admissions 2017	218
Total Discharges 2017	216
Residents on 12/31/2017	196

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	17
Blood Disorders	3
*Nervous System Non Alzheimer	27
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	4
Circulatory System	66
Respiratory System	18
Digestive System	4
Genitourinary System Disorders	18
Skin Disorders	4
Musculo-skeletal Disorders	6
Injuries and Poisonings	4
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	196

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	244	244	200	244	196	48	244	244
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	244	244	200	244	196	48	244	244

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5695	6.4%	59377	66.7%	0	791	4445	0	70308	78.9%	78.9%
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%
TOTALS	5695	6.4%	59377	66.7%	0	791	4445	0	70308	78.9%	78.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	3	0	0	0	0	0	0	3	3	6
45 to 59	10	10	0	0	0	0	0	0	10	10	20
60 to 64	8	10	0	0	0	0	0	0	8	10	18
65 to 74	22	31	0	0	0	0	0	0	22	31	53
75 to 84	18	34	0	0	0	0	0	0	18	34	52
85+	7	40	0	0	0	0	0	0	7	40	47
TOTALS	68	128	0	0	0	0	0	0	68	128	196

The Carlton at the Lake
725 W. Montrose Ave.
Chicago, IL. 60613

Classification Numbers

Facility ID	6001465	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	167	0	1	13	0	196
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	167	0	1	13	0	196

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	9	0	0	0	9
American Indian	0	0	0	0	0
Black	75	0	0	0	75
Hawaiian/Pacific Isl.	0	0	0	0	0
White	104	0	0	0	104
Race Unknown	8	0	0	0	8
Total	196	0	0	0	196

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	181	0	0	0	181
Ethnicity Unknown	0	0	0	0	0
Total	196	0	0	0	196

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	17.00
Certified Aides	43.00
Other Health Staff	7.00
Non-Health Staff	50.00
Totals	141.00

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
21.1%	70.6%	0.0%	2.5%	5.8%	100.0%		
3,284,534	10,985,155	0	389,700	898,713	15,558,102	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Citadel of Sterling
105 E 23rd St
Sterling, IL. 61081

Reference Numbers

Facility ID	6009179	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

Administrator
Julie A Logan

Contact Person and Telephone
Julie A Logan
815-626-4264

Registered Agent Information
Abraham Stern
191 N Wacker Dr, Suite 800
Chicago, IL 60605

Date Questionnaire Completed 4/14/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	70
Total Admissions 2017	196
Total Discharges 2017	192
Residents on 12/31/2017	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	5
Mental Illness	12
Developmental Disability	2
Circulatory System	16
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	11
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 21

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	121	99	85	99	74	47	121	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		
TOTAL BEDS	121	99	85	99	74	47	121	121

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4440	10.1%	14625	33.1%	0	2102	6741	0	27908	63.2%	77.2%
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%
TOTALS	4440	10.1%	14625	33.1%	0	2102	6741	0	27908	63.2%	77.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	6	29	0	0	0	0	0	0	6	29	35
TOTALS	20	54	0	0	0	0	0	0	20	54	74

The Citadel of Sterling
105 E 23rd St
Sterling, IL. 61081

Classification Numbers

Facility ID	6009179	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	34	0	2	19	3	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	34	0	2	19	3	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown		0	0	0	
Total		0	0	0	

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.25
Physicians	0.00
Director of Nursing	1.25
Registered Nurses	4.50
LPN's	14.90
Certified Aides	33.50
Other Health Staff	10.50
Non-Health Staff	35.75
Totals	101.65

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
36.8%	36.2%	3.4%	9.6%	14.1%	100.0%		
2,238,262	2,203,778	204,635	581,365	858,090	6,086,130	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE DANISH HOME
5656 NORTH NEWCASTLE AVENUE
Chicago, IL. 60631

Reference Numbers

Facility ID	6008692	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 10 - Norwood Park

Administrator
Scott Swanson

Contact Person and Telephone
Fred A. Saviano
773-775-7383 x2231

Registered Agent Information

Date Questionnaire Completed 3/21/2018

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	38
Total Admissions 2017	8
Total Discharges 2017	13
Residents on 12/31/2017	33

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	33

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	17	15	8	15	7	10	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	42	31	31	31	26	16		
TOTAL BEDS	59	46	39	46	33	26	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	7	0	7	0.1%	0.1%
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	26	0	26	0.2%	0.2%
TOTALS	0	0.0%	0	0.0%	0	0	33	0	33	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	1	0	0	0	0	0	2	1	3	1	4
85+	2	4	0	0	0	0	8	15	10	19	29
TOTALS	3	4	0	0	0	0	10	16	13	20	33

THE DANISH HOME
5656 NORTH NEWCASTLE AVENUE
Chicago, IL. 60631

Classification Numbers

Facility ID	6008692	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 10 - Norwood Park

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	7	0	7
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	26	0	26
TOTALS	0	0	0	0	33	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	1	1
American Indian	0	0	0	0	0
Black	1	0	0	1	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	6	0	0	24	30
Race Unknown	0	0	0	0	0
Total	7	0	0	26	33

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	1	1
Non-Hispanic	7	0	0	25	32
Ethnicity Unknown	0	0	0	0	0
Total	7	0	0	26	33

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.20
LPN's	0.00
Certified Aides	8.80
Other Health Staff	0.00
Non-Health Staff	19.60
Totals	34.60

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
0.0%	0.0%	3.5%	0.7%	95.8%	100.0%		
0	0	115,817	23,115	3,176,688	3,315,620	425,000	12.8%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Elms
1212 Madelyn Ave.
Macomb, IL. 61455

Reference Numbers

Facility ID	6002836	
Health Service Area	002	
Planning Service Area	109	McDonough
County	109	McDonough County

Administrator
Tina Cox

Contact Person and Telephone
Gina Bickers
309-837-5482

Registered Agent Information

Date Questionnaire Completed 3/7/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	78
Total Admissions 2017	89
Total Discharges 2017	79
Residents on 12/31/2017	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	14
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 20

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	98	98	88	10	0	98
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	98	98	98	98	88	10	0	98

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1773	0.0%	17461	48.8%	0	453	11170	0	30857	86.3%	86.3%
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%
TOTALS	1773	0.0%	17461	48.8%	0	453	11170	0	30857	86.3%	86.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	5	15	0	0	0	0	0	0	5	15	20
85+	12	48	0	0	0	0	0	0	12	48	60
TOTALS	21	67	0	0	0	0	0	0	21	67	88

The Elms
1212 Madelyn Ave.
Macomb, IL. 61455

Classification Numbers

Facility ID	6002836	
Health Service Area	002	
Planning Service Area	109	McDonough
County	109	McDonough County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	47	0	1	33	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	47	0	1	33	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	10.00
Certified Aides	48.00
Other Health Staff	0.00
Non-Health Staff	57.00
Totals	130.00

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
18.2%	49.1%	0.0%	1.1%	31.6%	100.0%		
980,378	2,640,076	0	60,000	1,697,350	5,377,804	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Estates of Hyde Park, LLC.
4505 South Drexel Blvd.
Chicago, IL. 60653

Reference Numbers

Facility ID	6004667	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 39 - Kenwood

Administrator
Pamela Lee

Contact Person and Telephone
Pamela Lee
773-269-8854

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Date Questionnaire Completed 4/12/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	119
Total Admissions 2017	137
Total Discharges 2017	133
Residents on 12/31/2017	123

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	17
Developmental Disability	0
Circulatory System	33
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	6
Musculo-skeletal Disorders	11
Injuries and Poisonings	4
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	126

Total Residents Diagnosed as Mentally Ill 108

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	155	0	0	155	126	29	155	155
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	155	0	0	155	126	29	155	155

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2231	3.9%	41551	73.4%	0	134	1427	0	45343	80.1%	0.0%
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%
TOTALS	2231	3.9%	41551	73.4%	0	134	1427	0	45343	80.1%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	0	0	0	0	0	0	0	4	0	4
45 to 59	13	12	0	0	0	0	0	0	13	12	25
60 to 64	10	11	0	0	0	0	0	0	10	11	21
65 to 74	28	12	0	0	0	0	0	0	28	12	40
75 to 84	9	9	0	0	0	0	0	0	9	9	18
85+	4	14	0	0	0	0	0	0	4	14	18
TOTALS	68	58	0	0	0	0	0	0	68	58	126

The Estates of Hyde Park, LLC.
4505 South Drexel Blvd.
Chicago, IL. 60653

Classification Numbers

Facility ID	6004667	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 39 - Kenwood

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	109	0	0	8	0	126
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	109	0	0	8	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	120	0	0	0	120
Hawaiian/Pacific Isl.	0	0	0	0	0
White	5	0	0	0	5
Race Unknown	1	0	0	0	1
Total	126	0	0	0	126

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	125	0	0	0	125
Ethnicity Unknown	0	0	0	0	0
Total	126	0	0	0	126

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.11
LPN's	19.69
Certified Aides	42.91
Other Health Staff	2.89
Non-Health Staff	40.68
Totals	113.28

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
13.4%	81.6%	0.0%	1.6%	3.4%	100.0%		
963,663	5,884,215	0	116,076	243,053	7,207,007	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Greek American Rehabilitation and Care Centr
220 First Street
Wheeling, IL. 60090

Reference Numbers

Facility ID	6015499	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Wheeling Township

Administrator
Mark Murphey

Contact Person and Telephone
Effie Galetsis
847 459-8700 ext 1050

Registered Agent Information
Peter G. Karahalios
220 First Street
Wheeling, IL 60090

Date Questionnaire Completed 4/13/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	159
Total Admissions 2017	273
Total Discharges 2017	299
Residents on 12/31/2017	133

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	23
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	82
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	133

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	188	188	159	188	133	55	188	182
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	188	188	159	188	133	55	188	182

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15790	23.0%	95631	######	6075	526	21160	73	139255	202.9%	202.9%
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%
TOTALS	15790	23.0%	95631	######	6075	526	21160	73	139255	202.9%	202.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0	0
65 to 74	9	8	0	0	0	0	0	0	9	8	17
75 to 84	17	27	0	0	0	0	0	0	17	27	44
85+	0	71	0	0	0	0	0	0	0	71	71
TOTALS	26	107	0	0	0	0	0	0	26	107	133

The Greek American Rehabilitation and Care Centr
220 First Street
Wheeling, IL. 60090

Classification Numbers

Facility ID	6015499	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Wheeling Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	103	5	0	19	0	133
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	103	5	0	19	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	131	0	0	0	131
Race Unknown	0	0	0	0	0
Total	133	0	0	0	133

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.50
LPN's	7.00
Certified Aides	54.00
Other Health Staff	8.00
Non-Health Staff	69.00
Totals	159.50

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
27.5%	51.7%	3.8%	0.7%	16.3%	100.0%		
3,721,872	6,996,271	516,246	90,102	2,197,475	13,521,966	20,929	0.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Grove Fox Valley
1601 North Farnsworth Avenue
Aurora, IL. 60505

Reference Numbers

Facility ID	6000574	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Camberly Lanning

Contact Person and Telephone
Camberly Lanning
630-898-1180

Registered Agent Information
Daniel Garden
3450 Oakton Street
Skokie, IL 60076

Date Questionnaire Completed 4/9/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	144
Total Admissions 2017	347
Total Discharges 2017	239
Residents on 12/31/2017	252

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	2
*Nervous System Non Alzheimer	20
Alzheimer Disease	4
Mental Illness	15
Developmental Disability	0
Circulatory System	39
Respiratory System	22
Digestive System	1
Genitourinary System Disorders	9
Skin Disorders	3
Musculo-skeletal Disorders	11
Injuries and Poisonings	4
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	143

Total Residents Diagnosed as Mentally Ill 58

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	158	158	156	158	143	15	158	158
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	158	158	156	158	143	15	158	158

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	21	0.0%	104	0.2%	1	1	16	0	143	0.2%	0.2%
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%
TOTALS	21	0.0%	104	0.2%	1	1	16	0	143	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	0	0	0	0	0	0	0	6	0	6
45 to 59	11	9	0	0	0	0	0	0	11	9	20
60 to 64	9	4	0	0	0	0	0	0	9	4	13
65 to 74	11	22	0	0	0	0	0	0	11	22	33
75 to 84	13	31	0	0	0	0	0	0	13	31	44
85+	2	25	0	0	0	0	0	0	2	25	27
TOTALS	52	91	0	0	0	0	0	0	52	91	143

The Grove Fox Valley
1601 North Farnsworth Avenue
Aurora, IL. 60505

Classification Numbers

Facility ID	6000574	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	104	1	1	16	0	143
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	104	1	1	16	0	143

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pacific Isl.	2	0	0	0	2
White	108	0	0	0	108
Race Unknown	4	0	0	0	4
Total	143	0	0	0	143

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	122	0	0	0	122
Ethnicity Unknown	4	0	0	0	4
Total	143	0	0	0	143

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	14.00
Certified Aides	72.00
Other Health Staff	8.00
Non-Health Staff	43.00
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
27.5%	56.8%	1.6%	9.3%	4.7%	100.0%		
3,511,148	7,242,985	209,767	1,190,959	602,842	12,757,701	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Grove of Elmhurst
127 W. Diversey Ave
Elmhurst , IL. 60126

Reference Numbers

Facility ID	6010144	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	York Township

Administrator
Elliot Triplett

Contact Person and Telephone
Elliot Triplett
630-530-5225

Registered Agent Information
Illinois Corporation Service
801 Adlai Stevensen Dr.
Springfield, IL 62703

Date Questionnaire Completed 4/15/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	167
Total Admissions 2017	226
Total Discharges 2017	239
Residents on 12/31/2017	154

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	28
Blood Disorders	0
*Nervous System Non Alzheimer	22
Alzheimer Disease	12
Mental Illness	1
Developmental Disability	0
Circulatory System	37
Respiratory System	22
Digestive System	6
Genitourinary System Disorders	11
Skin Disorders	2
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	154

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 7

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	180	169	167	169	154	26	117	180
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	180	169	167	169	154	26	117	180

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5236	12.3%	44983	68.5%	2960	4	6949	0	60132	91.5%	97.5%
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%
TOTALS	5236	12.3%	44983	68.5%	2960	4	6949	0	60132	91.5%	97.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	6	7	0	0	0	0	0	0	6	7	13
60 to 64	9	6	0	0	0	0	0	0	9	6	15
65 to 74	16	20	0	0	0	0	0	0	16	20	36
75 to 84	17	23	0	0	0	0	0	0	17	23	40
85+	15	32	0	0	0	0	0	0	15	32	47
TOTALS	65	89	0	0	0	0	0	0	65	89	154

The Grove of Elmhurst
127 W. Diversey Ave
Elmhurst , IL. 60126

Classification Numbers

Facility ID	6010144	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	York Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	125	6	0	12	0	154
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	125	6	0	12	0	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	10	0	0	0	10
American Indian	2	0	0	0	2
Black	26	0	0	0	26
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	132	0	0	0	132

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	22	0	0	0	22
Non-Hispanic	132	0	0	0	132
Ethnicity Unknown	0	0	0	0	0
Total	154	0	0	0	154

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	26.00
LPN's	29.00
Certified Aides	60.00
Other Health Staff	45.00
Non-Health Staff	6.00
Totals	168.00

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
20.6%	60.4%	5.6%	3.4%	10.1%	100.0%		
2,661,383	7,783,620	716,898	438,490	1,297,056	12,897,447	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Grove of Evanston
500 Asbury Ave
Evanston, IL. 60202

Reference Numbers

Facility ID	6008916	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

Administrator
Shilpi Chona

Contact Person and Telephone
Shilpi Chona
847-316-3320

Registered Agent Information
Illinois Corporation Service Company
804 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	98
Total Admissions 2017	310
Total Discharges 2017	304
Residents on 12/31/2017	104

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	60
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	104

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	124	113	113	113	104	20	124	67
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	124	113	113	113	104	20	124	67

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9016	19.9%	22046	90.1%	0	2482	5293	0	38837	85.8%	94.2%
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%
TOTALS	9016	19.9%	22046	90.1%	0	2482	5293	0	38837	85.8%	94.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	0	0	0	0	0	0	7	4	11
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	17	15	0	0	0	0	0	0	17	15	32
75 to 84	14	14	0	0	0	0	0	0	14	14	28
85+	7	17	0	0	0	0	0	0	7	17	24
TOTALS	49	55	0	0	0	0	0	0	49	55	104

The Grove of Evanston
500 Asbury Ave
Evanston, IL. 60202

Classification Numbers

Facility ID	6008916	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	64	0	7	10	0	104
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	64	0	7	10	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	38	0	0	0	38
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	104	0	0	0	104

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	10.00
Certified Aides	36.00
Other Health Staff	8.00
Non-Health Staff	30.00
Totals	104.00

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
44.8%	38.1%	0.0%	12.4%	4.7%	100.0%		
5,547,730	4,714,131	0	1,531,145	583,532	12,376,538	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Grove of LaGrange Park
701 N LaGrange Road
LaGrange Park , IL. 60526

Reference Numbers

Facility ID	6003057	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lyons Township

Administrator
Hilda Derzsy

Contact Person and Telephone
Hilda Derzsy
708-354-7300

Registered Agent Information
Illinois Coporate Service Company
804 Adlai Stevenson Dr
Springfield, IL 62703

Date Questionnaire Completed 4/12/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	114
Total Admissions 2017	212
Total Discharges 2017	215
Residents on 12/31/2017	111

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	60
Respiratory System	20
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	111

Total Residents Diagnosed as Mentally Ill 82

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	131	131	111	120	111	20	131	131
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	131	131	111	120	111	20	131	131

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12	0.0%	80	0.2%	8	3	8	0	111	0.2%	0.2%
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%
TOTALS	12	0.0%	80	0.2%	8	3	8	0	111	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	5	1	6
60 to 64	6	2	0	0	0	0	0	0	6	2	8
65 to 74	14	9	0	0	0	0	0	0	14	9	23
75 to 84	17	17	0	0	0	0	0	0	17	17	34
85+	11	29	0	0	0	0	0	0	11	29	40
TOTALS	53	58	0	0	0	0	0	0	53	58	111

The Grove of LaGrange Park
701 N LaGrange Road
LaGrange Park , IL. 60526

Classification Numbers

Facility ID	6003057	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lyons Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	84	9	2	4	0	111
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	84	9	2	4	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	111	0	0	0	111

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	0	111

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	21.00
Certified Aides	44.00
Other Health Staff	3.00
Non-Health Staff	39.00
Totals	127.00

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
26.2%	56.2%	7.0%	5.8%	4.8%	100.0%		
2,553,170	5,483,842	682,858	567,593	468,230	9,755,693	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE GROVE OF NORTHBROOK
263 SKOKIE BOULEVARD
Northbrook, IL. 60062

Reference Numbers

Facility ID	6003412	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Northfield Township

Administrator
Scott Schayer

Contact Person and Telephone
Scott Schayer
847-564-0505

Registered Agent Information
Illinois Corporation Service Compnay
804 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/11/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	122
Total Admissions 2017	75
Total Discharges 2017	80
Residents on 12/31/2017	117

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	24
Blood Disorders	1
*Nervous System Non Alzheimer	18
Alzheimer Disease	0
Mental Illness	14
Developmental Disability	1
Circulatory System	45
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	119

Total Residents Diagnosed as Mentally Ill 39

Total Residents Reported as Identified Offenders 9

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	134	134	125	134	116	18	83	134
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	134	134	125	134	116	18	83	134

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1647	5.4%	38879	79.5%	348	320	2569	0	43763	89.5%	89.5%
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%
TOTALS	1647	5.4%	38879	79.5%	348	320	2569	0	43763	89.5%	89.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	2	0	0	0	0	0	0	3	2	5
45 to 59	9	18	0	0	0	0	0	0	9	18	27
60 to 64	8	8	0	0	0	0	0	0	8	8	16
65 to 74	15	16	0	0	0	0	0	0	15	16	31
75 to 84	11	16	0	0	0	0	0	0	11	16	27
85+	3	7	0	0	0	0	0	0	3	7	10
TOTALS	49	67	0	0	0	0	0	0	49	67	116

THE GROVE OF NORTHBROOK
263 SKOKIE BOULEVARD
Northbrook, IL. 60062

Classification Numbers

Facility ID	6003412	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Northfield Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	103	0	1	6	0	116
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	103	0	1	6	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	104	0	0	0	104
Race Unknown	0	0	0	0	0
Total	116	0	0	0	116

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	116	0	0	0	116

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	7.00
Certified Aides	33.00
Other Health Staff	8.00
Non-Health Staff	31.00
Totals	92.00

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
11.2%	81.1%	0.7%	2.1%	4.8%	100.0%		
972,378	7,020,633	62,838	183,445	415,862	8,655,156	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Grove of Skokie
9000 Lavergne Ave.
Skokie, IL. 60077

Reference Numbers

Facility ID	6009625	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

Administrator
Katherine Simpson

Contact Person and Telephone
Katherine Simpson
847-679-2322

Registered Agent Information
Illinois Corporation Service COmpany
804 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/14/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	145
Total Admissions 2017	144
Total Discharges 2017	150
Residents on 12/31/2017	139

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	20
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	62
Respiratory System	14
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	139

Total Residents Diagnosed as Mentally Ill 42

Total Residents Reported as Identified Offenders 9

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	149	0	0	0	139	10	98	149
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	149	0	0	0	139	10	98	149

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4298	12.0%	43532	80.0%	0	106	1779	0	49715	91.4%	0.0%
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%
TOTALS	4298	12.0%	43532	80.0%	0	106	1779	0	49715	91.4%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	8	8	0	0	0	0	0	0	8	8	16
60 to 64	11	7	0	0	0	0	0	0	11	7	18
65 to 74	21	22	0	0	0	0	0	0	21	22	43
75 to 84	17	18	0	0	0	0	0	0	17	18	35
85+	8	19	0	0	0	0	0	0	8	19	27
TOTALS	65	74	0	0	0	0	0	0	65	74	139

The Grove of Skokie
9000 Lavergne Ave.
Skokie, IL. 60077

Classification Numbers

Facility ID	6009625	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Niles Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	122	0	0	9	0	139
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	122	0	0	9	0	139

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	28	0	0	0	28
American Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pacific Isl.	1	0	0	0	1
White	82	0	0	0	82
Race Unknown	10	0	0	0	10
Total	139	0	0	0	139

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	18	0	0	0	18
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	10	0	0	0	10
Total	139	0	0	0	139

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.09
LPN's	7.44
Certified Aides	26.93
Other Health Staff	5.00
Non-Health Staff	20.63
Totals	73.08

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%	71.6%	0.0%	2.5%	3.0%	100.0%		
2,446,920	7,661,628	0	270,284	324,553	10,703,385	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Lutheran Home
6901 North Galena Road
Peoria, IL. 61614

Reference Numbers

Facility ID	6005615	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

Administrator
Michelle Pollard

Contact Person and Telephone
Michelle Pollard
309-683-1264

Registered Agent Information
Michelle Heiden
6901 North Galena Road
Peoria, IL 61614

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	69
Total Admissions 2017	100
Total Discharges 2017	99
Residents on 12/31/2017	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	8
Mental Illness	11
Developmental Disability	0
Circulatory System	19
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	70

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	109	99	70	99	70	39	109	18
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	109	99	70	99	70	39	109	18

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6153	15.5%	1495	22.8%	0	0	18565	0	26213	65.9%	72.5%
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%
TOTALS	6153	15.5%	1495	22.8%	0	0	18565	0	26213	65.9%	72.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	0	6	0	0	0	0	0	0	0	6	6
85+	20	39	0	0	0	0	0	0	20	39	59
TOTALS	24	46	0	0	0	0	0	0	24	46	70

The Lutheran Home
6901 North Galena Road
Peoria, IL. 61614

Classification Numbers

Facility ID	6005615	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	4	0	0	49	0	70
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	4	0	0	49	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	9.70
LPN's	15.20
Certified Aides	70.20
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	125.10

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
25.5%	31.8%	0.0%	0.0%	42.7%	100.0%		
3,067,918	3,820,890	0	0	5,135,981	12,024,789	344,602	2.9%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

10/17/2016 Licensed for 24 beds for planned 34-bed addition. Facility licensed capacity went from 85 beds to 109 beds.

The Mather
425 Davis Street
Evanston, IL. 60201

Reference Numbers

Facility ID	6016455	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

Administrator
Brandon DAvidson

Contact Person and Telephone
Brandon Davidson
847-492-7575

Registered Agent Information
Mary Leary
1603 Orrington Suite 1800
Evanston, IL 60201

Date Questionnaire Completed 4/15/2018

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	29
Total Admissions 2017	86
Total Discharges 2017	86
Residents on 12/31/2017	29

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	11
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	29

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	37	37	36	37	29	8	0	0
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	37	37	36	37	29	8	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	883	0.0%	0	0.0%	0	254	10075	0	11212	83.0%	83.0%
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%
TOTALS	883	0.0%	0	0.0%	0	254	10075	0	11212	83.0%	83.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	2	5	0	0	0	0	0	0	2	5	7
85+	5	16	0	0	0	0	0	0	5	16	21
TOTALS	7	22	0	0	0	0	0	0	7	22	29

The Mather
425 Davis Street
Evanston, IL. 60201

Classification Numbers

Facility ID	6016455	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	0	0	0	27	0	29
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	0	0	0	27	0	29

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	27	0	0	0	27
Race Unknown	0	0	0	0	0
Total	29	0	0	0	29

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	29	0	0	0	29
Ethnicity Unknown	0	0	0	0	0
Total	29	0	0	0	29

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.40
LPN's	1.00
Certified Aides	23.50
Other Health Staff	3.20
Non-Health Staff	4.50
Totals	45.60

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
25.9%	0.0%	0.0%	2.1%	72.0%	100.0%		
563,153	0	0	45,114	1,563,963	2,172,230	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Moorings Health Center
761 Old Barn Lane
Arlington Heights, IL. 60005

Reference Numbers

Facility ID	6005698	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Elk Grove Township

Administrator
Jonathan Kaspar

Contact Person and Telephone
Monique Schroeder
847-708-1258

Registered Agent Information
Todd Swortzel, President CEO
8707 Skokie Blvd
Skokie, IL 60067

Date Questionnaire Completed 4/10/2018

Continuing Care Retirement Community

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	121
Total Admissions 2017	501
Total Discharges 2017	512
Residents on 12/31/2017	110

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	30
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	32
Respiratory System	6
Digestive System	6
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	110

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	116	96	92	96	81	35	84	17
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	44	42	42	42	29	15		
TOTAL BEDS	160	138	134	138	110	50	84	17

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7726	25.2%	365	5.9%	0	39	33854	699	42683	100.8%	121.8%
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	13080	0	13080	81.4%	85.3%
TOTALS	7726	25.2%	365	5.9%	0	39	46934	699	55763	95.5%	110.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	1	0	2	1	3
75 to 84	5	14	0	0	0	0	0	3	5	17	22
85+	18	42	0	0	0	0	5	20	23	62	85
TOTALS	24	57	0	0	0	0	6	23	30	80	110

The Moorings Health Center
761 Old Barn Lane
Arlington Heights, IL. 60005

Classification Numbers

Facility ID	6005698	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Elk Grove Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	1	0	0	56	2	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	29	0	29
TOTALS	22	1	0	0	85	2	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	29	110
Race Unknown	0	0	0	0	0
Total	81	0	0	29	110

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	3	0	0	4	7
Ethnicity Unknown	78	0	0	25	103
Total	81	0	0	29	110

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.10
LPN's	3.40
Certified Aides	51.70
Other Health Staff	21.00
Non-Health Staff	42.77
Totals	139.97

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
34.9%	0.2%	0.0%	0.1%	64.8%	100.0%		
3,903,135	24,639	0	12,000	7,253,995	11,193,769	185,530	1.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Mosaic of LakeShore
7200 N. Sheridan
Chicago , IL. 60626

Reference Numbers

Facility ID	6005177	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

Administrator
Shannon Jones

Contact Person and Telephone
Shannon Jones
773-973-7200

Registered Agent Information

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	234
Total Admissions 2017	243
Total Discharges 2017	244
Residents on 12/31/2017	233

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	27
Blood Disorders	12
*Nervous System Non Alzheimer	22
Alzheimer Disease	1
Mental Illness	24
Developmental Disability	2
Circulatory System	60
Respiratory System	39
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	5
Musculo-skeletal Disorders	27
Injuries and Poisonings	2
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	233

Total Residents Diagnosed as Mentally Ill 29

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	313	0	0	313	233	80	313	313
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	313	0	0	313	233	80	313	313

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8775	7.7%	71573	62.6%	3141	371	2851	0	86711	75.9%	0.0%
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%
TOTALS	8775	7.7%	71573	62.6%	3141	371	2851	0	86711	75.9%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	28	9	0	0	0	0	0	0	28	9	37
60 to 64	14	10	0	0	0	0	0	0	14	10	24
65 to 74	39	34	0	0	0	0	0	0	39	34	73
75 to 84	28	23	0	0	0	0	0	0	28	23	51
85+	21	24	0	0	0	0	0	0	21	24	45
TOTALS	132	101	0	0	0	0	0	0	132	101	233

The Mosaic of LakeShore
7200 N. Sheridan
Chicago , IL. 60626

Classification Numbers

Facility ID	6005177	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	182	10	0	19	0	233
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	182	10	0	19	0	233

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	2	0	0	0	2
Black	99	0	0	0	99
Hawaiian/Pacific Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	25	0	0	0	25
Total	233	0	0	0	233

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	216	0	0	0	216
Ethnicity Unknown	0	0	0	0	0
Total	233	0	0	0	233

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	35.00
Certified Aides	85.00
Other Health Staff	9.00
Non-Health Staff	45.00
Totals	196.00

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
19.0%	71.2%	4.6%	0.5%	4.6%	100.0%		
3,330,897	12,459,239	805,266	89,659	812,371	17,497,432	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

6/1/2016 Formerly Lake Shore Healthcare and Rehab.

The Parc at Joliet
222 North Hammes Ave
Joliet, IL. 60435

Reference Numbers

Facility ID	6004766	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Phillip Baratta

Contact Person and Telephone
Phillip Baratta
815-603-9031

Registered Agent Information
David Aronin
2201 Main St.
Evanston, IL 60202

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	125
Total Admissions 2017	222
Total Discharges 2017	226
Residents on 12/31/2017	121

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	14
Developmental Disability	0
Circulatory System	10
Respiratory System	15
Digestive System	8
Genitourinary System Disorders	16
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	9
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	121

Total Residents Diagnosed as Mentally Ill 14

Total Residents Reported as Identified Offenders 7

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	170	136	170	121	82	203	203
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	203	170	136	170	121	82	203	203

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9312	12.6%	30017	40.5%	0	113	4491	0	43933	59.3%	70.8%
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%
TOTALS	9312	12.6%	30017	40.5%	0	113	4491	0	43933	59.3%	70.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	5	3	8
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	16	14	0	0	0	0	0	0	16	14	30
75 to 84	24	21	0	0	0	0	0	0	24	21	45
85+	8	23	0	0	0	0	0	0	8	23	31
TOTALS	57	64	0	0	0	0	0	0	57	64	121

The Parc at Joliet
222 North Hammes Ave
Joliet, IL. 60435

Classification Numbers

Facility ID	6004766	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	84	0	2	15	0	121
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	84	0	2	15	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pacific Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	121	0	0	0	121

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.30
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	17.00
Certified Aides	28.00
Other Health Staff	8.00
Non-Health Staff	42.00
Totals	108.30

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
39.9%	44.1%	3.8%	3.3%	8.9%	100.0%		
4,092,645	4,523,131	389,335	336,572	915,379	10,257,062	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Scottish Home
2800 Des Plaines Ave.
North Riverside, IL. 60546

Reference Numbers

Facility ID	6008403	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Riverside Township

Administrator
James Boyle

Contact Person and Telephone
Chris Cortez
708-447-5092

Registered Agent Information
Gus Noble
2800 Des Plaines Ave.
North Riverside, IL 60546

Date Questionnaire Completed 6/15/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	41
Total Admissions 2017	54
Total Discharges 2017	46
Residents on 12/31/2017	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	3
Developmental Disability	1
Circulatory System	12
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	36	36	19	36	19	17	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	49	45	30	45	30	19		
TOTAL BEDS	85	81	49	81	49	36	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	9870	720	10590	80.6%	80.6%
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	6139	0	6139	34.3%	37.4%
TOTALS	0	0.0%	0	0.0%	0	0	16009	720	16729	53.9%	56.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	1	0	1	1
75 to 84	4	2	0	0	0	0	6	2	10	4	14
85+	2	15	0	0	0	0	4	13	6	28	34
TOTALS	6	17	0	0	0	0	10	16	16	33	49

The Scottish Home
2800 Des Plaines Ave.
North Riverside, IL. 60546

Classification Numbers

Facility ID	6008403	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Riverside Township

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	17	2	19
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	30	0	30
TOTALS	0	0	0	0	47	2	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	19	0	0	30	49
Race Unknown	0	0	0	0	0
Total	19	0	0	30	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	19	0	0	30	49
Ethnicity Unknown	0	0	0	0	0
Total	19	0	0	30	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.50
Registered Nurses	7.60
LPN's	2.50
Certified Aides	18.00
Other Health Staff	12.50
Non-Health Staff	26.00
Totals	70.10

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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	3,674,812	3,674,812	172,054	4.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Springs at Crystal Lake
1000 E. Brighton Lane
Crystal Lake, IL. 60012

Reference Numbers

Facility ID	6011803	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

Administrator
Stephanie Dimitrenko

Contact Person and Telephone
Stephanie Dimitrenko
815-477-6400

Registered Agent Information

Date Questionnaire Completed 4/4/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	52
Total Admissions 2017	760
Total Discharges 2017	771
Residents on 12/31/2017	41

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	97	97	65	97	41	56	97	97
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	97	97	65	97	41	56	97	97

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12587	35.6%	1083	3.1%	0	2194	2419	0	18283	51.6%	51.6%
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%
TOTALS	12587	35.6%	1083	3.1%	0	2194	2419	0	18283	51.6%	51.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	0	3	0	3
65 to 74	1	8	0	0	0	0	0	0	1	8	9
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	5	9	0	0	0	0	0	0	5	9	14
TOTALS	14	27	0	0	0	0	0	0	14	27	41

The Springs at Crystal Lake
1000 E. Brighton Lane
Crystal Lake, IL. 60012

Classification Numbers

Facility ID	6011803	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	1	0	4	6	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	1	0	4	6	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	5.00
Certified Aides	15.00
Other Health Staff	9.00
Non-Health Staff	20.00
Totals	60.00

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
79.9%	1.7%	0.0%	11.3%	7.1%	100.0%		
7,404,911	160,900	0	1,047,990	656,801	9,270,602	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Springs at Monarch Landing
2308 N. Rte 59
Naperville, IL. 60563

Reference Numbers

Facility ID	6016877	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Naperville Township

Administrator
Ambreen Qureshi

Contact Person and Telephone
Ambreen Qureshi
630-300-1200

Registered Agent Information
CT Corporation System
208 Lasalle St Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/20/2018

Continuing Care Retirement Community

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	68
Total Admissions 2017	543
Total Discharges 2017	466
Residents on 12/31/2017	145

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	2
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
TOTALS	2

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	96	0	0	94	82	14	96	4
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	96	0	0	94	82	14	96	4

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6444	18.4%	365	25.0%	34	1294	20368	0	28505	81.3%	0.0%
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%
TOTALS	6444	18.4%	365	25.0%	34	1294	20368	0	28505	81.3%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	11	16	0	0	0	0	0	0	11	16	27
85+	9	37	0	0	0	0	0	0	9	37	46
TOTALS	24	58	0	0	0	0	0	0	24	58	82

The Springs at Monarch Landing
2308 N. Rte 59
Naperville, IL. 60563

Classification Numbers

Facility ID	6016877	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Naperville Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	1	1	2	57	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	1	1	2	57	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	81	0	0	0	81
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	2.00
Registered Nurses	9.00
LPN's	12.00
Certified Aides	39.00
Other Health Staff	7.00
Non-Health Staff	43.00
Totals	114.00

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
34.9%	0.7%	0.0%	7.2%	57.2%	100.0%		
3,679,536	69,885	0	756,780	6,022,396	10,528,597	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Terraces at The Clare
55 E Pearson Street
Chicago, IL. 60611

Reference Numbers

Facility ID	6016117	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 8 - Near North Side

Administrator
Ashleigh Guerin

Contact Person and Telephone
Ashleigh Guerin
312-784-8316

Registered Agent Information
CT Corporation System
205 S Lasalle St Suite 814
Chicago, IL 60604

Date Questionnaire Completed 3/20/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	42
Total Admissions 2017	388
Total Discharges 2017	387
Residents on 12/31/2017	43

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	7
Mental Illness	10
Developmental Disability	0
Circulatory System	6
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	6
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	43

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	48	48	43	48	43	5	48	0
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	48	48	43	48	43	5	48	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13	0.1%	0	0.0%	0	2	28	0	43	0.2%	0.2%
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%
TOTALS	13	0.1%	0	0.0%	0	2	28	0	43	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	7	4	0	0	0	0	0	0	7	4	11
85+	13	13	0	0	0	0	0	0	13	13	26
TOTALS	24	19	0	0	0	0	0	0	24	19	43

The Terraces at The Clare
55 E Pearson Street
Chicago, IL. 60611

Classification Numbers

Facility ID	6016117	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 8 - Near North Side

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	0	0	2	28	0	43
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	0	0	2	28	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	0	43

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.79
LPN's	0.33
Certified Aides	22.50
Other Health Staff	11.45
Non-Health Staff	48.00
Totals	99.07

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
50.2%	0.0%	0.0%	7.8%	42.0%	100.0%		
4,090,389	0	0	631,627	3,421,313	8,143,329	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Villa at Soutth Holland
16300 Wausau Street
South Holland, IL. 60473

Reference Numbers

Facility ID	6007868	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

Administrator
Susan Ahlgren RN/MSN/LNHA

Contact Person and Telephone
Susan Ahlgren RN/MSN/LNHA
708-225-6130

Registered Agent Information

Date Questionnaire Completed 4/12/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	108
Total Admissions 2017	448
Total Discharges 2017	449
Residents on 12/31/2017	107

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	18
Blood Disorders	6
*Nervous System Non Alzheimer	27
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	2
Circulatory System	23
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	6
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	107

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	171	171	141	144	107	64	171	171
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	171	171	141	144	107	64	171	171

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	17528	28.1%	18935	30.3%	0	2997	1983	0	41443	66.4%	66.4%
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%
TOTALS	17528	28.1%	18935	30.3%	0	2997	1983	0	41443	66.4%	66.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	1	0	0	0	0	0	0	0	1	1
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	8	13	0	0	0	0	0	0	8	13	21
75 to 84	14	22	0	0	0	0	0	0	14	22	36
85+	5	38	0	0	0	0	0	0	5	38	43
TOTALS	30	77	0	0	0	0	0	0	30	77	107

The Villa at Southth Holland
16300 Wausau Street
South Holland, IL. 60473

Classification Numbers

Facility ID	6007868	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	43	49	0	10	5	0	107
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	43	49	0	10	5	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	54	0	0	0	54
Hawaiian/Pacific Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	0	0	0	0	0
Total	107	0	0	0	107

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	107	0	0	0	107

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	21.00
Certified Aides	56.00
Other Health Staff	8.00
Non-Health Staff	32.00
Totals	134.00

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
57.7%	27.5%	0.0%	9.8%	5.0%	100.0%		
8,388,325	3,993,975	0	1,431,297	728,372	14,541,969	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Villa at Windsor Park
2649 East 75th Street
Chicago, IL. 60645

Reference Numbers

Facility ID	6014856	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 43 - South Shore

Administrator
Levi Israel

Contact Person and Telephone
Levi Israel
773-356-9300

Registered Agent Information

Date Questionnaire Completed 4/16/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	191
Total Admissions 2017	379
Total Discharges 2017	376
Residents on 12/31/2017	194

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	8
Mental Illness	9
Developmental Disability	0
Circulatory System	18
Respiratory System	1
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	11
Injuries and Poisonings	6
Other Medical Conditions	100
Non-Medical Conditions	20
TOTALS	194

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	240	220	206	220	194	46	240	240
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	240	220	206	220	194	46	240	240

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9069	10.4%	57226	65.3%	0	1792	2617	0	70704	80.7%	88.0%
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%
TOTALS	9069	10.4%	57226	65.3%	0	1792	2617	0	70704	80.7%	88.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	12	7	0	0	0	0	0	0	12	7	19
60 to 64	13	7	0	0	0	0	0	0	13	7	20
65 to 74	21	19	0	0	0	0	0	0	21	19	40
75 to 84	19	39	0	0	0	0	0	0	19	39	58
85+	11	45	0	0	0	0	0	0	11	45	56
TOTALS	76	118	0	0	0	0	0	0	76	118	194

The Villa at Windsor Park
2649 East 75th Street
Chicago, IL. 60645

Classification Numbers

Facility ID	6014856	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 43 - South Shore

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	153	0	6	11	0	194
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	153	0	6	11	0	194

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	181	0	0	0	181
Hawaiian/Pacific Isl.	0	0	0	0	0
White	7	0	0	0	7
Race Unknown	6	0	0	0	6
Total	194	0	0	0	194

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	188	0	0	0	188
Ethnicity Unknown	4	0	0	0	4
Total	194	0	0	0	194

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	24.00
Certified Aides	55.00
Other Health Staff	5.00
Non-Health Staff	44.00
Totals	145.00

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
32.0%	59.8%	0.0%	5.3%	3.0%	100.0%		
5,306,841	9,918,412	0	875,241	498,498	16,598,992	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Village at Victory Lakes
1055 East Grand Avenue
Lindenhurst, IL. 60046

Reference Numbers

Facility ID	6011332	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Jeanne Heid-Grubman

Contact Person and Telephone
Kathy O'Connor
847-356-4616

Registered Agent Information

Date Questionnaire Completed 4/6/2018

Continuing Care Retirement Community

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	80
Total Admissions 2017	850
Total Discharges 2017	848
Residents on 12/31/2017	82

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	20
Developmental Disability	0
Circulatory System	18
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	8
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	82

Total Residents Diagnosed as Mentally Ill 20

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	104	110	82	38	120	24
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	120	120	104	110	82	38	120	24

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11553	26.4%	5539	63.2%	101	2475	10779	0	30447	69.5%	69.5%
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%
TOTALS	11553	26.4%	5539	63.2%	101	2475	10779	0	30447	69.5%	69.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	1	7	0	0	0	0	0	0	1	7	8
75 to 84	11	18	0	0	0	0	0	0	11	18	29
85+	7	35	0	0	0	0	0	0	7	35	42
TOTALS	20	62	0	0	0	0	0	0	20	62	82

The Village at Victory Lakes
1055 East Grand Avenue
Lindenhurst, IL. 60046

Classification Numbers

Facility ID	6011332	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	18	1	2	35	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	18	1	2	35	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	6.00
Certified Aides	27.00
Other Health Staff	7.00
Non-Health Staff	7.00
Totals	59.00

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
52.8%	8.6%	0.0%	10.2%	28.4%	100.0%		
5,995,629	974,926	0	1,161,714	3,217,830	11,350,099	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Waterford Care Center
7445 N Sheridan Rd
Chicago, IL. 60626

Reference Numbers

Facility ID	6002430	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

Administrator
Kathleen Donohue

Contact Person and Telephone
Kathleen Donohue
773-338-3300

Registered Agent Information
Jonathan Aaron
5611 Dempster Street
Morton Grove, IL 60053

Date Questionnaire Completed 4/16/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	127
Total Admissions 2017	65
Total Discharges 2017	61
Residents on 12/31/2017	131

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System Non Alzheimer	17
Alzheimer Disease	14
Mental Illness	61
Developmental Disability	0
Circulatory System	6
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	131

Total Residents Diagnosed as Mentally Ill 61

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	141	141	140	141	131	10	37	141
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	141	141	140	141	131	10	37	141

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2545	18.8%	42475	82.5%	117	0	3857	0	48994	95.2%	95.2%
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%
TOTALS	2545	18.8%	42475	82.5%	117	0	3857	0	48994	95.2%	95.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	3	0	0	0	0	0	0	1	3	4
45 to 59	12	9	0	0	0	0	0	0	12	9	21
60 to 64	7	9	0	0	0	0	0	0	7	9	16
65 to 74	24	29	0	0	0	0	0	0	24	29	53
75 to 84	7	14	0	0	0	0	0	0	7	14	21
85+	5	11	0	0	0	0	0	0	5	11	16
TOTALS	56	75	0	0	0	0	0	0	56	75	131

The Waterford Care Center
7445 N Sheridan Rd
Chicago, IL. 60626

Classification Numbers

Facility ID	6002430	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	113	0	0	11	0	131
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	113	0	0	11	0	131

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	35	0	0	0	35
Hawaiian/Pacific Isl.	2	0	0	0	2
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	131	0	0	0	131

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	122	0	0	0	122
Ethnicity Unknown	0	0	0	0	0
Total	131	0	0	0	131

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	13.00
Certified Aides	47.00
Other Health Staff	7.00
Non-Health Staff	30.00
Totals	115.00

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
3.2%	87.9%	0.2%	0.0%	8.7%	100.0%		
227,540	6,270,711	16,932	0	618,620	7,133,803	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

10/31/2016 Change of Ownership occurred.

Thelma Terrace
1450 Virginia
Wood River, IL. 62052

Reference Numbers

Facility ID	6010425	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Karen Jockisch

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5824	99.7%	0	0	0	0	5824	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5824	99.7%	0	0	0	0	5824	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	3	0	0	4	3	7
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	2	0	0	0	2	0	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	6	0	0	10	6	16

Thelma Terrace
1450 Virginia
Wood River, IL. 62052

Classification Numbers

Facility ID	6010425	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	74.4%	1.3%	0.0%	24.3%	100.0%		
0	478,930	8,058	0	156,313	643,301	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THOMAS HERBSTRITT HOUSE
4003 NORTH RT.1 & 17 BOX 260
Momence, IL. 60954

Reference Numbers

Facility ID	6014260	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Kristen Stockle

Contact Person and Telephone
Bruce Fitzpatrick
815-472-3700 x1368

Registered Agent Information
Bruce Fitzpatrick
PO Box 260
Momence, IL 60954

Date Questionnaire Completed 3/1/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	1
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5630	96.4%	0	0	0	0	5630	96.4%	96.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5630	96.4%	0	0	0	0	5630	96.4%	96.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	0	0	0	2	0	2
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	4	0	0	0	4	0	4
65 to 74	0	0	0	0	6	0	0	0	6	0	6
75 to 84	0	0	0	0	2	0	0	0	2	0	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	15	0	0	0	15	0	15

THOMAS HERBSTRITT HOUSE
4003 NORTH RT.1 & 17 BOX 260
Momence, IL. 60954

Classification Numbers

Facility ID	6014260	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	8.38
Non-Health Staff	1.00
Totals	9.38

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	794,947	0	0	0	794,947	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THOMAS LOMBARD HOUSE
4129A NORTH RT.1&17 BOX 260
Momence, IL. 60954

Reference Numbers

Facility ID	6014278	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Kristen Stockle

Contact Person and Telephone
Bruce FItzpatrick
815-472-6700 x1368

Registered Agent Information
Bruce Fitzpatrick
PO Box 260
Momence, IL 60954

Date Questionnaire Completed 3/1/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	2
Residents on 12/31/2017	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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
TOTALS	14

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	14	2	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5293	90.6%	0	0	0	0	5293	90.6%	90.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5293	90.6%	0	0	0	0	5293	90.6%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	0	0	0	3	0	3
45 to 59	0	0	0	0	5	0	0	0	5	0	5
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	4	0	0	0	4	0	4
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
TOTALS	0	0	0	0	14	0	0	0	14	0	14

THOMAS LOMBARD HOUSE
4129A NORTH RT.1&17 BOX 260
Momence, IL. 60954

Classification Numbers

Facility ID	6014278	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	1	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	6.38
Non-Health Staff	1.00
Totals	7.38

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	758,709	0	0	0	758,709	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THORNTON HEIGHTS TERRACE
160 WEST 10TH STRREET
Chicago Heights, IL. 60411

Reference Numbers

Facility ID	6009385	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

Administrator
KIMBERLY ROGERS

Contact Person and Telephone
RICHARD DUROS
708-754-2220

Registered Agent Information
GARY WEINTRAUB
435 CENTRAL AVE
Northfield, IL 60093

Date Questionnaire Completed 3/29/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	198
Total Admissions 2017	99
Total Discharges 2017	97
Residents on 12/31/2017	200

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	200
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
TOTALS	200

Total Residents Diagnosed as Mentally Ill	200
Total Residents Reported as Identified Offenders	32

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	216	216	206	216	200	16	0	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	216	216	206	216	200	16	0	222

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care		0.0%	70480	87.0%	0	0	290	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%
TOTALS		0.0%	70480	87.0%	0	0	290	0		0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0		0	0	0	0	0	0	0		
18 to 44	46	9	0	0	0	0	0	0	46	9	55
45 to 59	53	38	0	0	0	0	0	0	53	38	91
60 to 64	20	9	0	0	0	0	0	0	20	9	29
65 to 74	12	11	0	0	0	0	0	0	12	11	23
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	132		0	0	0	0	0	0	132		

THORNTON HEIGHTS TERRACE
160 WEST 10TH STRREET
Chicago Heights, IL. 60411

Classification Numbers

Facility ID	6009385	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	199	0	0	1	0	200
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	199	0	0	1	0	200

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	91	0	0	0	91
Hawaiian/Pacific Isl.	0	0	0	0	0
White	108	0	0	0	108
Race Unknown	0	0	0	0	0
Total	200	0	0	0	200

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	192	0	0	0	192
Ethnicity Unknown	0	0	0	0	0
Total	200	0	0	0	200

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	18.00
Other Health Staff	47.00
Non-Health Staff	27.80
Totals	103.80

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
0.0%	99.3%	0.0%	0.0%	0.7%	100.0%		
0	8,386,385	0	0	56,120	8,442,505	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THREE CROWNS PARK
2323 MCDANIEL AVENUE
Evanston, IL. 60201

Reference Numbers

Facility ID	6007462	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

Administrator
Mary Beth Dentzer

Contact Person and Telephone
Mary Beth Dentzer
847-328-8700

Registered Agent Information
Philip Hemmer
2323 McDaniel Avenue
Evanston, IL 60201

Date Questionnaire Completed 4/16/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	89
Total Admissions 2017	6
Total Discharges 2017	6
Residents on 12/31/2017	89

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	37
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	49	49	49	41	8	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	82	82	50	82	48	34		
TOTAL BEDS	131	131	99	131	89	42	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	39	2	41	0.2%	0.2%
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	48	0	48	0.2%	0.2%
TOTALS	0	0.0%	0	0.0%	0	0	87	2	89	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	3	0	0	0	0	0	3	0	6	6
75 to 84	3	1	0	0	0	0	2	6	5	7	12
85+	7	27	0	0	0	0	10	27	17	54	71
TOTALS	10	31	0	0	0	0	12	36	22	67	89

THREE CROWNS PARK
2323 MCDANIEL AVENUE
Evanston, IL. 60201

Classification Numbers

Facility ID	6007462	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

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	39	2	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	48	0	48
TOTALS	0	0	0	0	87	2	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	2	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	46	87
Race Unknown	0	0	0	0	0
Total	41	0	0	48	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.30
LPN's	8.00
Certified Aides	26.70
Other Health Staff	4.70
Non-Health Staff	41.80
Totals	91.50

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%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	5,568,771	5,568,771	132,120	2.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Three Springs Lodge Nursing Home, LLC
161 Three Springs Road
Chester, IL. 62233

Reference Numbers

Facility ID	6009393	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

Administrator
Ken Rowold

Contact Person and Telephone
Ken Rowold
618-826-3210

Registered Agent Information
Ken Rowold
211 Ridge Drive
Chester, IL 62233

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	59
Total Admissions 2017	68
Total Discharges 2017	70
Residents on 12/31/2017	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	14
Mental Illness	16
Developmental Disability	0
Circulatory System	9
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	83	83	0	83	0	83	17	83
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	83	83	0	83	0	83	17	83

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1454	23.4%	10347	34.2%	0	0	9306	0	21107	69.7%	69.7%
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%
TOTALS	1454	23.4%	10347	34.2%	0	0	9306	0	21107	69.7%	69.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	0	2
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	4	27	0	0	0	0	0	0	4	27	31
TOTALS	15	42	0	0	0	0	0	0	15	42	57

Three Springs Lodge Nursing Home, LLC
161 Three Springs Road
Chester, IL. 62233

Classification Numbers

Facility ID	6009393	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	34	0	0	21	0	57
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	34	0	0	21	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	0	0	0

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	18.00
Certified Aides	33.00
Other Health Staff	2.00
Non-Health Staff	27.00
Totals	86.00

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
12.2%	40.6%	0.0%	6.1%	41.2%	100.0%		
373,550	1,245,603	0	186,245	1,262,911	3,068,309	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Tibstra House
271 East 161st Street
South Holland, IL. 60473

Reference Numbers

Facility ID	6012009	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

Administrator
Frea Mars

Contact Person and Telephone
Steve Goudzwaard
708-371-0800

Registered Agent Information
Joseph Lanenga
12927 S Monitor Ave
Palos Heights, IL 60463

Date Questionnaire Completed 3/2/2018

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5520	94.5%	0	0	0	0	5520	94.5%	94.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5520	94.5%	0	0	0	0	5520	94.5%	94.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	3	0	0	5	3	8
45 to 59	0	0	0	0	3	1	0	0	3	1	4
60 to 64	0	0	0	0	2	2	0	0	2	2	4
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
TOTALS	0	0	0	0	10	6	0	0	10	6	16

Tibstra House
271 East 161st Street
South Holland, IL. 60473

Classification Numbers

Facility ID	6012009	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	1	0	1
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.75
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	8.75
Other Health Staff	2.25
Non-Health Staff	3.00
Totals	15.25

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
0.0%	82.2%	17.7%	0.0%	0.1%	100.0%		
0	663,794	142,762	0	1,067	807,623	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TIMBER POINT HEALTHCARE CENTER
205 EAST SPRING STREET
Camp Point, IL. 62320

Reference Numbers

Facility ID	6003750	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

Administrator
Andrea Lewis

Contact Person and Telephone
Andrea Lewis
217-593-7734

Registered Agent Information
DAVID ARONIN
2201 MAIN
Evanston, IL 60202

Date Questionnaire Completed 3/23/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	66
Total Admissions 2017	121
Total Discharges 2017	109
Residents on 12/31/2017	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	22
Blood Disorders	8
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	16
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	78

Total Residents Diagnosed as Mentally Ill 47

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	110	110	89	110	78	32	110	110
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	110	110	89	110	78	32	110	110

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3140	7.8%	21905	54.6%	183	412	3558	0	29198	72.7%	72.7%
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%
TOTALS	3140	7.8%	21905	54.6%	183	412	3558	0	29198	72.7%	72.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	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	6	5	0	0	0	0	0	0	6	5	11
60 to 64	8	4	0	0	0	0	0	0	8	4	12
65 to 74	9	10	0	0	0	0	0	0	9	10	19
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	5	15	0	0	0	0	0	0	5	15	20
TOTALS	31		0	0	0	0	0	0	31		

TIMBER POINT HEALTHCARE CENTER
205 EAST SPRING STREET
Camp Point, IL. 62320

Classification Numbers

Facility ID	6003750	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	60	0	1	9	0	78
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	60	0	1	9	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	8.00
Certified Aides	22.00
Other Health Staff	28.00
Non-Health Staff	23.00
Totals	90.00

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
29.2%	55.7%	0.5%	3.8%	10.8%	100.0%		
1,664,521	3,170,510	26,609	214,063	615,970	5,691,673	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Timbercreek Rehab & Health Care
2220 State St.
Pekin, IL. 61554

Reference Numbers

Facility ID	6007330	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Lisa McCoy

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/20/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	90
Total Admissions 2017	45
Total Discharges 2017	66
Residents on 12/31/2017	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	4
Mental Illness	32
Developmental Disability	1
Circulatory System	10
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 37

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	202	202	91	202	69	133	202	202
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	202	202	91	202	69	133	202	202

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1791	2.4%	24438	33.1%	0	0	1103	0	27332	37.1%	37.1%
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%
TOTALS	1791	2.4%	24438	33.1%	0	0	1103	0	27332	37.1%	37.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	3	6	0	0	0	0	0	0	3	6	9
65 to 74	11	8	0	0	0	0	0	0	11	8	19
75 to 84	9	10	0	0	0	0	0	0	9	10	19
85+	7	8	0	0	0	0	0	0	7	8	15
TOTALS	34	35	0	0	0	0	0	0	34	35	69

Timbercreek Rehab & Health Care
2220 State St.
Pekin, IL. 61554

Classification Numbers

Facility ID	6007330	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	64	0	0	1	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	64	0	0	1	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	1	0	0	0	1
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	13.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	32.00
Totals	79.00

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
7.3%	86.0%	0.0%	0.4%	6.3%	100.0%		
273,714	3,204,079	0	14,476	234,447	3,726,716	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Torrence Place
2601 223rd Street
Sauk Village, IL. 60467

Reference Numbers

Facility ID	6013833	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

Administrator
Terra Tarjan

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5680	97.3%	0	0	0	0	5680	97.3%	97.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5680	97.3%	0	0	0	0	5680	97.3%	97.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	1	3	0	0	1	3	4
60 to 64	0	0	0	0	1	3	0	0	1	3	4
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Torrence Place
2601 223rd Street
Sauk Village, IL. 60467

Classification Numbers

Facility ID	6013833	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bloom Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	7	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	86.6%	2.2%	0.0%	11.2%	100.0%		
0	780,211	19,942	0	101,116	901,269	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Toulon Rehabilitation & Health Care Center
PO Box 249, 700 East Main Street
Toulon, IL. 61483

Reference Numbers

Facility ID	6009427	
Health Service Area	002	
Planning Service Area	123	Marshall/Stark
County	175	Stark County

Administrator
Susan VanDeRostyne

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/6/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	74
Total Admissions 2017	79
Total Discharges 2017	78
Residents on 12/31/2017	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	27
Developmental Disability	2
Circulatory System	12
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 27

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	136	136	84	136	75	61	82	136
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	136	136	84	136	75	61	82	136

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1551	5.2%	18691	37.7%	0	13	7580	0	27835	56.1%	56.1%
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%
TOTALS	1551	5.2%	18691	37.7%	0	13	7580	0	27835	56.1%	56.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	5	2	0	0	0	0	0	0	5	2	7
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	11	13	0	0	0	0	0	0	11	13	24
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	3	17	0	0	0	0	0	0	3	17	20
TOTALS	28	47	0	0	0	0	0	0	28	47	75

Toulon Rehabilitation & Health Care Center
PO Box 249, 700 East Main Street
Toulon, IL. 61483

Classification Numbers

Facility ID	6009427	
Health Service Area	002	
Planning Service Area	123	Marshall/Stark
County	175	Stark County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	49	0	0	22	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	49	0	0	22	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	1	0	0	0	1
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	24.00
Certified Aides	19.50
Other Health Staff	2.00
Non-Health Staff	23.50
Totals	76.00

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
7.7%	65.1%	0.0%	0.6%	26.6%	100.0%		
309,577	2,606,203	0	22,685	1,065,374	4,003,839	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TOWER HILL HEALTHCARE CENTER
759 KANE STREET
South Elgin, IL. 60177-1418

Reference Numbers

Facility ID	6003263	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
VICKI HILL

Contact Person and Telephone
REBECCA FRIEDMAN
847-982-2300

Registered Agent Information
MR. SHELDON WOLFE
7434 N. SKOKIE BLVD.
Skokie, IL 60077

Date Questionnaire Completed 4/16/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	171
Total Admissions 2017	137
Total Discharges 2017	149
Residents on 12/31/2017	159

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	155
Non-Medical Conditions	0
TOTALS	159

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	206	206	175	206	159	47	206	206
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	206	206	175	206	159	47	206	206

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	27026	35.9%	25616	34.1%	0	0	8514	0	61156	81.3%	81.3%
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%
TOTALS	27026	35.9%	25616	34.1%	0	0	8514	0	61156	81.3%	81.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	14	21	0	0	0	0	0	0	14	21	35
75 to 84	17	41	0	0	0	0	0	0	17	41	58
85+	8	52	0	0	0	0	0	0	8	52	60
TOTALS	41	118	0	0	0	0	0	0	41	118	159

TOWER HILL HEALTHCARE CENTER
759 KANE STREET
South Elgin, IL. 60177-1418

Classification Numbers

Facility ID	6003263	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	70	68	0	0	21	0	159
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	70	68	0	0	21	0	159

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	149	0	0	0	149
Race Unknown	0	0	0	0	0
Total	159	0	0	0	159

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	159	0	0	0	159
Total	159	0	0	0	159

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	14.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	115.00
Totals	172.00

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
54.7%	30.7%	0.0%	0.0%	14.6%	100.0%		
6,226,249	3,486,285	0	0	1,661,206	11,373,740	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TRANSITIONAL CARE CTR - ARLINGTON HTS
1200 N ARLINGTON HEIGHTS RD
Arlington Heights, IL. 60004

Reference Numbers

Facility ID	6016901	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Wheeling Township

Administrator
Maureen Krahl

Contact Person and Telephone
Maureen Krahl
224-248-9200

Registered Agent Information
Steven CLoh
345 North Canal Street #1208
Chicago, IL 60062

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	65
Total Admissions 2017	1,533
Total Discharges 2017	1,530
Residents on 12/31/2017	68

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	145
Endocrine/Metabolic	300
Blood Disorders	450
*Nervous System Non Alzheimer	19
Alzheimer Disease	100
Mental Illness	450
Developmental Disability	0
Circulatory System	400
Respiratory System	120
Digestive System	30
Genitourinary System Disorders	600
Skin Disorders	100
Musculo-skeletal Disorders	1,020
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	3,736

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	105	120	68	52	120	0
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	120	120	105	120	68	52	120	0

FACILITY UTILIZATION - 2017
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	20167	46.0%	0	0.0%	0	7958	1204	0	29329	67.0%	67.0%
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%
TOTALS	20167	46.0%	0	0.0%	0	7958	1204	0	29329	67.0%	67.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	7	3	10
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	13	10	0	0	0	0	0	0	13	10	23
85+	9	13	0	0	0	0	0	0	9	13	22
TOTALS	35	33	0	0	0	0	0	0	35	33	68

TRANSITIONAL CARE CTR - ARLINGTON HTS
1200 N ARLINGTON HEIGHTS RD
Arlington Heights, IL. 60004

Classification Numbers

Facility ID	6016901	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Wheeling Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	44	0	0	22	0	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	44	0	0	22	0	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	4	0	0	0	4
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.80
LPN's	5.00
Certified Aides	26.00
Other Health Staff	36.00
Non-Health Staff	60.00
Totals	148.80

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
71.0%	0.0%	0.0%	26.4%	2.6%	100.0%		
11,615,563	0	0	4,324,857	418,735	16,359,155	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Trinity Living Center 1
3360 Ugland Drive
Joliet, IL. 60432

Reference Numbers

Facility ID	6011811	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Lisa Kathleen Dillon

Contact Person and Telephone
Lisa Dillon
815-717-3770

Registered Agent Information
Mike Sieling
301 Veterans Parkway
New Lenox, IL 60451

Date Questionnaire Completed 4/6/2018

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	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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5761	98.6%	31	0	0	0	5792	99.2%	99.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5761	98.6%	31	0	0	0	5792	99.2%	99.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	1	0	0	0	1	1
45 to 59	0	0	0	0	1	5	0	0	1	5	6
60 to 64	0	0	0	0	7	2	0	0	7	2	9
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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Trinity Living Center 1
3360 Ugland Drive
Joliet, IL. 60432

Classification Numbers

Facility ID	6011811	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	1	0	1
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	0.00
Registered Nurses	0.40
LPN's	2.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	17.40

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%	82.2%	17.8%	0.0%	0.0%	100.0%		
0	751,112	162,637	0	0	913,749	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Trinity Living Center 2
3302 Horseshoe Lane
Joliet, IL. 60432

Reference Numbers

Facility ID	6011829	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Lisa Dillon

Contact Person and Telephone
Lisa Dillon
815-717-3770

Registered Agent Information
Mike Sieling
301 Veterans Parkway
New Lenox, IL 60451

Date Questionnaire Completed 4/6/2018

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	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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 14

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5591	95.7%	131	0	0	0	5722	98.0%	98.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5591	95.7%	131	0	0	0	5722	98.0%	98.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	8	2	0	0	8	2	10
60 to 64	0	0	0	0	3	1	0	0	3	1	4
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
TOTALS	0	0	0	0	12	3	0	0	12	3	15

Trinity Living Center 2
3302 Horseshoe Lane
Joliet, IL. 60432

Classification Numbers

Facility ID	6011829	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

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	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	1	0	1
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	1	0	1
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	14	0	14
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	0.00
Registered Nurses	0.40
LPN's	2.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	17.40

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%	83.0%	17.0%	0.0%	0.0%	100.0%		
0	740,329	151,293	0	0	891,622	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Tri-State Nursing & Rehabilitation Center
2500 E. 175th Street
Lansing, IL. 60438

Reference Numbers

Facility ID	6009443	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

Administrator
Daniel Elkaim

Contact Person and Telephone
Daniel Elkaim
708-474-7330

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Date Questionnaire Completed 4/16/2018

Life Care Facility

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	74
Total Admissions 2017	71
Total Discharges 2017	67
Residents on 12/31/2017	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	1
Circulatory System	31
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	4
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	78

Total Residents Diagnosed as Mentally Ill 60

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	84	84	81	84	78	6	56	84
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	84	84	81	84	78	6	56	84

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3216	15.7%	21722	70.8%	0	789	2005	0	27732	90.5%	90.5%
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%
TOTALS	3216	15.7%	21722	70.8%	0	789	2005	0	27732	90.5%	90.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	6	0	0	0	0	0	0	4	6	10
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	2	22	0	0	0	0	0	0	2	22	24
85+	4	24	0	0	0	0	0	0	4	24	28
TOTALS	17	61	0	0	0	0	0	0	17	61	78

Tri-State Nursing & Rehabilitation Center
2500 E. 175th Street
Lansing, IL. 60438

Classification Numbers

Facility ID	6009443	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	59	0	0	8	0	78
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	59	0	0	8	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	35	0	0	0	35
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.30
LPN's	14.80
Certified Aides	27.00
Other Health Staff	12.60
Non-Health Staff	16.30
Totals	74.00

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
24.3%	64.4%	0.0%	3.0%	8.2%	100.0%		
1,429,760	3,783,251	0	176,887	482,555	5,872,453	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Trulson House
260 S. Michigan Ave.
Galesburg, IL. 61401

Reference Numbers

Facility ID	6010201	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

Administrator
Tiffany Lair

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5870	######	0	0	0	0	5870	100.5%	100.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5870	######	0	0	0	0	5870	100.5%	100.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	6	0	0	2	6	8
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	3	0	0	1	3	4
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
TOTALS	0	0	0	0	4	12	0	0	4	12	16

Trulson House
260 S. Michigan Ave.
Galesburg, IL. 61401

Classification Numbers

Facility ID	6010201	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	2	0	2

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	81.2%	0.4%	0.0%	18.4%	100.0%		
0	532,198	2,473	0	120,544	655,215	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Tuscola Health Care Center
1203 Egyptian Trail
Tuscola, IL. 61953

Reference Numbers

Facility ID	6002588	
Health Service Area	004	
Planning Service Area	041	Douglas
County	041	Douglas County

Administrator
Alison Cler

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/6/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	49
Total Admissions 2017	53
Total Discharges 2017	57
Residents on 12/31/2017	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	10
Mental Illness	3
Developmental Disability	2
Circulatory System	9
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 35

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	73	73	48	73	45	28	71	71
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	73	73	48	73	45	28	71	71

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1422	5.5%	6570	25.4%	0	18	8258	0	16268	61.1%	61.1%
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%
TOTALS	1422	5.5%	6570	25.4%	0	18	8258	0	16268	61.1%	61.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	1	8	0	0	0	0	0	0	1	8	9
85+	5	27	0	0	0	0	0	0	5	27	32
TOTALS	6	39	0	0	0	0	0	0	6	39	45

Tuscola Health Care Center
1203 Egyptian Trail
Tuscola, IL. 61953

Classification Numbers

Facility ID	6002588	
Health Service Area	004	
Planning Service Area	041	Douglas
County	041	Douglas County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	18	0	0	25	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	18	0	0	25	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	6.00
Certified Aides	21.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	53.00

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%	36.8%	0.0%	0.1%	55.3%	100.0%		
203,523	964,472	0	3,249	1,451,167	2,622,411	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

9/1/2016 Change of ownership occurred.

Twin Lakes Rehab & Health Care
310 S Eads Ave
Paris, IL. 61944

Reference Numbers

Facility ID	6004188	
Health Service Area	004	
Planning Service Area	045	Edgar
County	045	Edgar County

Administrator
Genettia R Dean

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/5/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	40
Total Admissions 2017	47
Total Discharges 2017	45
Residents on 12/31/2017	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	11
Mental Illness	2
Developmental Disability	0
Circulatory System	14
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 28

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	62	62	42	62	42	20	18	56
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	62	62	42	62	42	20	18	56

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1055	16.1%	11449	56.0%	0	0	2314	0	14818	65.5%	65.5%
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%
TOTALS	1055	16.1%	11449	56.0%	0	0	2314	0	14818	65.5%	65.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	3	0	0	0	0	0	0	2	3	5
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	14	28	0	0	0	0	0	0	14	28	42

Twin Lakes Rehab & Health Care
310 S Eads Ave
Paris, IL. 61944

Classification Numbers

Facility ID	6004188	
Health Service Area	004	
Planning Service Area	045	Edgar
County	045	Edgar County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	32	0	0	6	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	32	0	0	6	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	42	0	0	0	42
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	10.00
Certified Aides	36.00
Other Health Staff	2.00
Non-Health Staff	23.00
Totals	80.00

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
12.4%	70.8%	0.0%	2.0%	14.8%	100.0%		
288,600	1,648,091	0	46,000	345,735	2,328,426	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TWIN RIVERS
4710 PIERCE LANE
Godfrey, IL. 62035

Reference Numbers

Facility ID	6012744	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
DIANE TEBBE

Contact Person and Telephone
DIANE TEBBE
618-465-0044

Registered Agent Information

Date Questionnaire Completed 4/18/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5073	86.9%	0	0	0	0	5073	86.9%	86.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5073	86.9%	0	0	0	0	5073	86.9%	86.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	7	0	0	3	7	10
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	5	10	0	0	5	10	15

TWIN RIVERS
4710 PIERCE LANE
Godfrey, IL. 62035

Classification Numbers

Facility ID	6012744	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.33
Registered Nurses	0.33
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	12.66

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
0.0%	82.2%	14.9%	0.0%	2.9%	100.0%		
0	500,948	90,644	0	17,738	609,330	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Twin Willows Nursing Center
1600 north broadway p.o.box 370
Salem, IL. 62881

Reference Numbers

Facility ID	6009484	
Health Service Area	005	
Planning Service Area	121	Marion
County	121	Marion County

Administrator
todd woodruff

Contact Person and Telephone
todd woodruff
618-292-4640

Registered Agent Information
deborah woodruff
217 west main
Salem, IL 62881

Date Questionnaire Completed 4/15/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	37
Total Admissions 2017	26
Total Discharges 2017	33
Residents on 12/31/2017	30

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	13
Mental Illness	9
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	30

Total Residents Diagnosed as Mentally Ill 25

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	72	66	37	66	30	42	29	72
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	72	66	37	66	30	42	29	72

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1239	11.7%	6554	24.9%	0	258	3024	0	11075	42.1%	46.0%
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%
TOTALS	1239	11.7%	6554	24.9%	0	258	3024	0	11075	42.1%	46.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	4	0	0	0	0	0	0	0	4	4
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	2	14	0	0	0	0	0	0	2	14	16
TOTALS	5	25	0	0	0	0	0	0	5	25	30

Twin Willows Nursing Center
1600 north broadway p.o.box 370
Salem, IL. 62881

Classification Numbers

Facility ID	6009484	
Health Service Area	005	
Planning Service Area	121	Marion
County	121	Marion County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	17	0	1	11	0	30
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	17	0	1	11	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	30	0	0	0	30
Race Unknown	0	0	0	0	0
Total	30	0	0	0	30

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	30	0	0	0	30
Ethnicity Unknown	0	0	0	0	0
Total	30	0	0	0	30

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.70
LPN's	3.60
Certified Aides	12.90
Other Health Staff	1.70
Non-Health Staff	11.20
Totals	35.10

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
24.9%	30.3%	0.0%	11.8%	32.9%	100.0%		
482,169	586,619	0	228,723	637,403	1,934,914	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Union County Hospital LTC
521 North Main Street
Anna, IL. 62906

Reference Numbers

Facility ID	6009492	
Health Service Area	005	
Planning Service Area	181	Union
County	181	Union County

Administrator
Tammy Davis

Contact Person and Telephone
Melissa Brimm
618-833-1033

Registered Agent Information

Date Questionnaire Completed 3/22/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	8
Total Discharges 2017	10
Residents on 12/31/2017	14

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	22	22	16	22	14	8	0	10
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	22	22	16	22	14	8	0	10

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	1300	35.6%	0	0	3793	0	5093	63.4%	63.4%
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%
TOTALS	0	0.0%	1300	35.6%	0	0	3793	0	5093	63.4%	63.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	0	10	0	0	0	0	0	0	0	10	10
TOTALS	2	12	0	0	0	0	0	0	2	12	14

Union County Hospital LTC
521 North Main Street
Anna, IL. 62906

Classification Numbers

Facility ID	6009492	
Health Service Area	005	
Planning Service Area	181	Union
County	181	Union County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	3	0	0	11	0	14
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	3	0	0	11	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	14	0	0	0	14
Race Unknown	0	0	0	0	0
Total	14	0	0	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	14	0	0	0	14
Ethnicity Unknown	0	0	0	0	0
Total	14	0	0	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	3.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	20.00

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
0.0%	19.1%	0.0%	0.0%	80.9%	100.0%		
0	127,100	0	0	536,792	663,892	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

UNITED METHODIST VILLAGE NORTH CAMPUS
2101 JAMES STREET
Lawrenceville, IL. 62439

Reference Numbers

Facility ID	6013072	
Health Service Area	005	
Planning Service Area	101	Lawrence
County	101	Lawrence County

Administrator
Paula McKnight

Contact Person and Telephone
Paula McKnight
618-943-3444

Registered Agent Information
Nicholas J Lynn
190 South LaSalle Street Suite 3700
Chicago, IL 60603

Date Questionnaire Completed 4/16/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	63
Total Admissions 2017	77
Total Discharges 2017	88
Residents on 12/31/2017	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	3
*Nervous System Non Alzheimer	2
Alzheimer Disease	8
Mental Illness	2
Developmental Disability	1
Circulatory System	5
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	4
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	65	98	52	46	98	98
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	98	98	65	98	52	46	98	98

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3543	9.9%	7410	20.7%	0	464	11020	0	22437	62.7%	62.7%
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%
TOTALS	3543	9.9%	7410	20.7%	0	464	11020	0	22437	62.7%	62.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	8	22	0	0	0	0	0	0	8	22	30
TOTALS	15	37	0	0	0	0	0	0	15	37	52

UNITED METHODIST VILLAGE NORTH CAMPUS
2101 JAMES STREET
Lawrenceville, IL. 62439

Classification Numbers

Facility ID	6013072	
Health Service Area	005	
Planning Service Area	101	Lawrence
County	101	Lawrence County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	13	0	2	28	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	13	0	2	28	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	1	0	0	0	1
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	11.00
Certified Aides	18.00
Other Health Staff	6.00
Non-Health Staff	24.00
Totals	64.00

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
27.4%	19.5%	0.0%	4.6%	48.5%	100.0%		
992,866	705,656	0	167,320	1,754,923	3,620,765	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

United Methodist Village, South Campus
1616 Cedar St.
Lawrenceville, IL. 62439

Reference Numbers

Facility ID	6009500	
Health Service Area	005	
Planning Service Area	101	Lawrence
County	101	Lawrence County

Administrator
Ashli Wesley

Contact Person and Telephone
Katy Ericksen
618-943-3347 X1201

Registered Agent Information
Nicholas J. Lynn
190 S. Lasaile St. Suite 3700
Chicago, IL 60603

Date Questionnaire Completed 4/16/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	56
Total Admissions 2017	35
Total Discharges 2017	33
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	7
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	2
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	58

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	143	0	0	0	58	85	143	143
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	143	0	0	0	58	85	143	143

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1996	3.8%	11847	22.7%	0	98	6949	0	20890	40.0%	0.0%
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%
TOTALS	1996	3.8%	11847	22.7%	0	98	6949	0	20890	40.0%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	0	2	0	2
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	6	14	0	0	0	0	0	0	6	14	20
85+	5	23	0	0	0	0	0	0	5	23	28
TOTALS	17	41	0	0	0	0	0	0	17	41	58

United Methodist Village, South Campus
1616 Cedar St.
Lawrenceville, IL. 62439

Classification Numbers

Facility ID	6009500	
Health Service Area	005	
Planning Service Area	101	Lawrence
County	101	Lawrence County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	35	0	0	15	0	58
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	35	0	0	15	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	16	0	0	0	16
Total	58	0	0	0	58

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	22.00
Other Health Staff	6.00
Non-Health Staff	30.00
Totals	71.00

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
22.6%	33.8%	0.0%	4.3%	39.2%	100.0%		
730,197	1,091,832	0	140,439	1,267,220	3,229,688	37,450	1.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

UnityPoint Health - Trinity Rock Island
2701 17th Street
Rock Island, IL. 61201

Reference Numbers

Facility ID	6014336	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

Administrator
Richard A. Seidler

Contact Person and Telephone
Michael Nesseler
309-779-2310

Registered Agent Information
Steve Gross
2701 17th Street
Rock Island, IL 61201

Date Questionnaire Completed 3/2/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	8
Total Admissions 2017	342
Total Discharges 2017	343
Residents on 12/31/2017	7

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	7

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	29	29	7	29	7	22	29	0
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	29	29	7	29	7	22	29	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3493	33.0%	0	0.0%	0	160	0	0	3653	34.5%	34.5%
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%
TOTALS	3493	33.0%	0	0.0%	0	160	0	0	3653	34.5%	34.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	0	0	0	0	0	0	0	2	0	2
85+	3	2	0	0	0	0	0	0	3	2	5
TOTALS	5	2	0	0	0	0	0	0	5	2	7

UnityPoint Health - Trinity Rock Island
2701 17th Street
Rock Island, IL. 61201

Classification Numbers

Facility ID	6014336	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	0	0	0	0	0	7
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	0	0	0	0	0	7

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	4	0	0	0	4
Race Unknown	2	0	0	0	2
Total	7	0	0	0	7

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	7	0	0	0	7
Ethnicity Unknown	0	0	0	0	0
Total	7	0	0	0	7

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.30
LPN's	2.00
Certified Aides	9.00
Other Health Staff	0.80
Non-Health Staff	0.00
Totals	20.10

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

UnityPoint Health-Proctor Skilled Nursing
5409 N. Knoxville Ave
Peoria, IL. 61614

Reference Numbers

Facility ID	6010813	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

Administrator
Debbie Simon

Contact Person and Telephone
Dana Polhemus
309-643-6092

Registered Agent Information
Debbie Simon
5409 N Knoxville Avenue
Peoria, IL 61614

Date Questionnaire Completed 5/22/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	20
Total Admissions 2017	409
Total Discharges 2017	407
Residents on 12/31/2017	22

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	22

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	25	25	22	0	22	3	36	0
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	25	25	22	0	22	3	36	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6050	46.0%	0	0.0%	0	274	0	0	6324	69.3%	69.3%
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%
TOTALS	6050	46.0%	0	0.0%	0	274	0	0	6324	69.3%	69.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	3	7	0	0	0	0	0	0	3	7	10
85+	4	5	0	0	0	0	0	0	4	5	9
TOTALS	9	13	0	0	0	0	0	0	9	13	22

UnityPoint Health-Proctor Skilled Nursing
5409 N. Knoxville Ave
Peoria, IL. 61614

Classification Numbers

Facility ID	6010813	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	0	0	0	0	0	22
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	0	0	0	0	0	22

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	20	0	0	0	20
Race Unknown	1	0	0	0	1
Total	22	0	0	0	22

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	22	0	0	0	22
Ethnicity Unknown	0	0	0	0	0
Total	22	0	0	0	22

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.57
LPN's	4.66
Certified Aides	17.02
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	33.25

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
91.6%	0.0%	0.0%	8.4%	0.0%	100.0%		
3,118,162	0	0	285,324	0	3,403,486	10,275	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

University Nursing & Rehabilitation Center
1095 University Drive
Edwardsville , IL. 62025

Reference Numbers

Facility ID	6002711	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Terrie Weible

Contact Person and Telephone
Terrie Weible
618-656-1081

Registered Agent Information
Bryan Kopman
111 N. Ottawa St.
Joliet, IL 60432

Date Questionnaire Completed 4/24/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	76
Total Admissions 2017	120
Total Discharges 2017	122
Residents on 12/31/2017	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	7
Mental Illness	18
Developmental Disability	0
Circulatory System	14
Respiratory System	12
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	6
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	122	100	84	100	74	48	118	118
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	122	100	84	100	74	48	118	118

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2785	6.5%	17684	41.1%	0	778	6988	0	28235	63.4%	77.4%
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%
TOTALS	2785	6.5%	17684	41.1%	0	778	6988	0	28235	63.4%	77.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	0	0	0	0	0	0	0	4	4
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	9	9	0	0	0	0	0	0	9	9	18
85+	9	26	0	0	0	0	0	0	9	26	35
TOTALS	26	48	0	0	0	0	0	0	26	48	74

University Nursing & Rehabilitation Center
1095 University Drive
Edwardsville , IL. 62025

Classification Numbers

Facility ID	6002711	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	40	0	2	24	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	40	0	2	24	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	1	0	0	0	1
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	14.00
Certified Aides	29.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	76.00

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
24.4%	59.4%	0.0%	4.5%	11.6%	100.0%		
1,316,707	3,204,238	0	242,115	627,034	5,390,094	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Uptown Health Center
4920 N. Kenmore
Chicago, IL. 60640

Reference Numbers

Facility ID	6006134	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

Administrator
Aaron Yehuda Gruman

Contact Person and Telephone
Michael Applebaum
773-769-2700

Registered Agent Information

Date Questionnaire Completed 4/11/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	263
Total Admissions 2017	240
Total Discharges 2017	251
Residents on 12/31/2017	252

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	21
Blood Disorders	6
*Nervous System Non Alzheimer	18
Alzheimer Disease	3
Mental Illness	43
Developmental Disability	1
Circulatory System	43
Respiratory System	40
Digestive System	4
Genitourinary System Disorders	17
Skin Disorders	2
Musculo-skeletal Disorders	43
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	252

Total Residents Diagnosed as Mentally Ill 43

Total Residents Reported as Identified Offenders 24

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	310	302	269	302	252	58	310	310
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	310	302	269	302	252	58	310	310

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4343	3.8%	61934	54.7%	919	178	1006	0	68380	60.4%	62.0%
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%
TOTALS	4343	3.8%	61934	54.7%	919	178	1006	0	68380	60.4%	62.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	2	0	0	0	0	0	0	10	2	12
45 to 59	37	15	0	0	0	0	0	0	37	15	52
60 to 64	26	10	0	0	0	0	0	0	26	10	36
65 to 74	41	23	0	0	0	0	0	0	41	23	64
75 to 84	31	27	0	0	0	0	0	0	31	27	58
85+	11	19	0	0	0	0	0	0	11	19	30
TOTALS	156	96	0	0	0	0	0	0	156	96	252

Uptown Health Center
4920 N. Kenmore
Chicago, IL. 60640

Classification Numbers

Facility ID	6006134	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	226	0	2	1	0	252
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	226	0	2	1	0	252

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	25	0	0	0	25
American Indian	5	0	0	0	5
Black	134	0	0	0	134
Hawaiian/Pacific Isl.	3	0	0	0	3
White	85	0	0	0	85
Race Unknown		0	0	0	
Total		0	0	0	

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	26	0	0	0	26
Non-Hispanic	226	0	0	0	226
Ethnicity Unknown	0	0	0	0	0
Total	252	0	0	0	252

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	21.00
Certified Aides	58.00
Other Health Staff	38.00
Non-Health Staff	51.00
Totals	190.00

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
21.8%	75.0%	1.1%	0.5%	1.6%	100.0%		
2,844,927	9,772,025	146,997	62,177	209,475	13,035,601	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Vahle Terrace
301 Maple Summitt Road
Jerseyville, IL. 62052

Reference Numbers

Facility ID	6010169	
Health Service Area	003	
Planning Service Area	083	Jersey
County	083	Jersey County

Administrator
Karen Jockisch

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5820	99.7%	0	0	0	0	5820	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5820	99.7%	0	0	0	0	5820	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	2	0	0	4	2	6
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	10	6	0	0	10	6	16

Vahle Terrace
301 Maple Summitt Road
Jerseyville, IL. 62052

Classification Numbers

Facility ID	6010169	
Health Service Area	003	
Planning Service Area	083	Jersey
County	083	Jersey County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	74.1%	0.4%	0.0%	25.5%	100.0%		
0	497,543	2,853	0	171,019	671,415	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Valley Hi Nursing Home
2406 Hartland Road
Woodstock, IL. 60098

Reference Numbers

Facility ID	6009542	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

Administrator
Thomas Annarella

Contact Person and Telephone
Shelly Lunsford
815-334-2808

Registered Agent Information

Date Questionnaire Completed 4/10/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	116
Total Admissions 2017	91
Total Discharges 2017	92
Residents on 12/31/2017	115

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	8
Mental Illness	2
Developmental Disability	0
Circulatory System	43
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	115

Total Residents Diagnosed as Mentally Ill 92

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	128	128	119	128	115	13	128	128
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	128	128	119	128	115	13	128	128

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4726	10.1%	20068	43.0%	3405	108	12935	0	41242	88.3%	88.3%
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%
TOTALS	4726	10.1%	20068	43.0%	3405	108	12935	0	41242	88.3%	88.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	26	66	0	0	0	0	0	0	26	66	92
TOTALS	33	82	0	0	0	0	0	0	33	82	115

Valley Hi Nursing Home
2406 Hartland Road
Woodstock, IL. 60098

Classification Numbers

Facility ID	6009542	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	54	6	2	46	0	115
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	54	6	2	46	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	113	0	0	0	113
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.51
LPN's	9.24
Certified Aides	48.77
Other Health Staff	7.80
Non-Health Staff	50.17
Totals	141.49

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
27.1%	36.1%	6.2%	0.3%	30.4%	100.0%		
2,800,309	3,722,339	634,532	26,831	3,130,754	10,314,765	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Vandalia Rehabilitation & Health Care Center
1500 West St Louis Avenue
Vandalia, IL. 62471

Reference Numbers

Facility ID	6009260	
Health Service Area	005	
Planning Service Area	051	Fayette
County	051	Fayette County

Administrator
Michelle Blain

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/19/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	46
Total Admissions 2017	63
Total Discharges 2017	55
Residents on 12/31/2017	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	8
Mental Illness	9
Developmental Disability	0
Circulatory System	10
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	54

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	116	116	61	116	54	62	57	116
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	116	116	61	116	54	62	57	116

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1600	7.7%	16180	38.2%	0	34	1474	0	19288	45.6%	45.6%
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%
TOTALS	1600	7.7%	16180	38.2%	0	34	1474	0	19288	45.6%	45.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	7	0	0	0	0	0	0	1	7	8
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	13	4	0	0	0	0	0	0	13	4	17
75 to 84	6	7	0	0	0	0	0	0	6	7	13
85+	5	6	0	0	0	0	0	0	5	6	11
TOTALS	29	25	0	0	0	0	0	0	29	25	54

Vandalia Rehabilitation & Health Care Center
1500 West St Louis Avenue
Vandalia, IL. 62471

Classification Numbers

Facility ID	6009260	
Health Service Area	005	
Planning Service Area	051	Fayette
County	051	Fayette County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	47	0	0	5	0	54
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	47	0	0	5	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	54	0	0	0	54
Ethnicity Unknown	0	0	0	0	0
Total	54	0	0	0	54

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	23.00
Other Health Staff	1.00
Non-Health Staff	19.00
Totals	59.00

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
10.4%	80.0%	0.0%	1.5%	8.1%	100.0%		
279,757	2,142,491	0	39,094	217,987	2,679,329	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Veracare Burbank
5400 W 87th Street
Burbank, IL. 60459

Reference Numbers

Facility ID	6001127	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Stickney Township

Administrator
Israel Davis

Contact Person and Telephone
Israel Davis
708-423-1200

Registered Agent Information
Israel Davis
6312 N Central Park Ave
Chicago, IL 60659

Date Questionnaire Completed 4/18/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	80
Total Admissions 2017	337
Total Discharges 2017	346
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	48
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	71

Total Residents Diagnosed as Mentally Ill 44

Total Residents Reported as Identified Offenders 9

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	163	121	75	121	71	92	163	0
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	163	121	75	121	71	92	163	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9179	15.4%	8816	0.0%	593	3095	1992	0	23675	39.8%	53.6%
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%
TOTALS	9179	15.4%	8816	0.0%	593	3095	1992	0	23675	39.8%	53.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	5	0	0	0	0	0	0	1	5	6
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	11	10	0	0	0	0	0	0	11	10	21
75 to 84	9	14	0	0	0	0	0	0	9	14	23
85+	3	12	0	0	0	0	0	0	3	12	15
TOTALS	28	43	0	0	0	0	0	0	28	43	71

Veracare Burbank
5400 W 87th Street
Burbank, IL. 60459

Classification Numbers

Facility ID	6001127	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Stickney Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	25	2	9	4	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	25	2	9	4	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	46	0	0	0	46
Hawaiian/Pacific Isl.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	1	0	0	0	1
Total	71	0	0	0	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	1	0	0	0	1
Total	4	0	0	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	3.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	10.00
LPN's	29.00
Certified Aides	40.00
Other Health Staff	16.00
Non-Health Staff	19.00
Totals	119.00

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
51.4%	17.7%	0.1%	21.2%	9.7%	100.0%		
5,048,414	1,744,639	7,311	2,080,707	949,994	9,831,065	108,640	1.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Vi at The Glen
2401 Indigo Lane
Glenview, IL. 60026

Reference Numbers

Facility ID	6015689	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Northfield Township

Administrator
Pamela R Lamb

Contact Person and Telephone
Pamela R Lamb
847-904-4710

Registered Agent Information
Illinois Corporation Services, Reg. Agent
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	46
Total Admissions 2017	25
Total Discharges 2017	26
Residents on 12/31/2017	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	17
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 21

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	47	47	47	47	45	2	47	0
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	47	47	47	47	45	2	47	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1614	9.4%	0	0.0%	0	202	14747	0	16563	96.5%	96.5%
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%
TOTALS	1614	9.4%	0	0.0%	0	202	14747	0	16563	96.5%	96.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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+	7	38	0	0	0	0	0	0	7	38	45
TOTALS	7	38	0	0	0	0	0	0	7	38	45

Vi at The Glen
2401 Indigo Lane
Glenview, IL. 60026

Classification Numbers

Facility ID	6015689	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Northfield Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	0	0	0	37	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	0	0	0	37	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.60
LPN's	0.81
Certified Aides	21.43
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	39.84

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
30.8%	0.0%	0.0%	3.3%	66.0%	100.0%		
1,243,095	0	0	131,499	2,663,275	4,037,869	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

VICTORIAN MANOR
815 EAST VINE STREET
Taylorville, IL. 62568

Reference Numbers

Facility ID	6009575	
Health Service Area	003	
Planning Service Area	021	Christian
County	021	Christian County

Administrator
ANNA BRACKENBUSH

Contact Person and Telephone
ANNA BRACKENBUSH
217-710-3195

Registered Agent Information
ANNA BRACKENBUSH
899 EAST LAKE SHORE DRIVE UNIT 2B
Decatur, IL 62521

Date Questionnaire Completed 3/25/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	1
Total Discharges 2017	0
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5628	96.4%	0	0	0	0	5628	96.4%	96.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5628	96.4%	0	0	0	0	5628	96.4%	96.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	3	0	0	5	3	8
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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
TOTALS	0	0	0	0	8	8	0	0	8	8	16

VICTORIAN MANOR
815 EAST VINE STREET
Taylorville, IL. 62568

Classification Numbers

Facility ID	6009575	
Health Service Area	003	
Planning Service Area	021	Christian
County	021	Christian County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.20
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.40
LPN's	0.00
Certified Aides	7.00
Other Health Staff	0.80
Non-Health Staff	1.00
Totals	9.40

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%	80.5%	0.0%	0.0%	19.5%	100.0%		
0	512,911	0	0	124,214	637,125	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

VICTORIAN VILLAGE HEALTH & WELLNESS
12525 W RENAISSANCE CIRCLE
Homer Glen, IL. 60491

Reference Numbers

Facility ID	6016752	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Richard Nolden

Contact Person and Telephone
Richard Nolden
708-590-5030

Registered Agent Information
Bill DeYoung
18601 North Creek Drive
Tinley Park, IL 60477

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	44
Total Admissions 2017	450
Total Discharges 2017	449
Residents on 12/31/2017	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	19
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	50	50	50	50	45	5	50	0
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	50	50	50	50	45	5	50	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8719	47.8%	0	0.0%	0	1158	6351	0	16228	88.9%	88.9%
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%
TOTALS	8719	47.8%	0	0.0%	0	1158	6351	0	16228	88.9%	88.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	6	20	0	0	0	0	0	0	6	20	26
TOTALS	13	32	0	0	0	0	0	0	13	32	45

VICTORIAN VILLAGE HEALTH & WELLNESS
12525 W RENAISSANCE CIRCLE
Homer Glen, IL. 60491

Classification Numbers

Facility ID	6016752	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	0	0	6	15	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	0	0	6	15	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	3.70
Certified Aides	33.60
Other Health Staff	3.40
Non-Health Staff	7.20
Totals	57.40

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
62.2%	0.0%	0.0%	8.5%	29.3%	100.0%		
4,957,165	0	0	675,382	2,332,464	7,965,011	740	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Villa at Evergreen Park
10124 South Kedzie Ave.
Evergreen Park, IL. 60805

Reference Numbers

Facility ID	6007322	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

Administrator
Valerie Ortiz

Contact Person and Telephone
Angel Aguilar
708-907-7394

Registered Agent Information
Illinois Corporation Service Company
901 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	119
Total Admissions 2017	1,341
Total Discharges 2017	1,304
Residents on 12/31/2017	156

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	35
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	8
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	11
Other Medical Conditions	42
Non-Medical Conditions	33
TOTALS	156

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	242	192	159	192	156	86	242	242
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	242	192	159	192	156	86	242	242

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15706	17.8%	20156	22.8%	0	12483	5803	0	54148	61.3%	77.3%
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%
TOTALS	15706	17.8%	20156	22.8%	0	12483	5803	0	54148	61.3%	77.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	14	7	0	0	0	0	0	0	14	7	21
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	15	18	0	0	0	0	0	0	15	18	33
75 to 84	6	32	0	0	0	0	0	0	6	32	38
85+	15	39	0	0	0	0	0	0	15	39	54
TOTALS	56	100	0	0	0	0	0	0	56	100	156

Villa at Evergreen Park
10124 South Kedzie Ave.
Evergreen Park, IL. 60805

Classification Numbers

Facility ID	6007322	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	48	53	0	45	10	0	156
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	48	53	0	45	10	0	156

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	120	0	0	0	120
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	0	0	0	0	0
Total	156	0	0	0	156

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	152	0	0	0	152
Ethnicity Unknown	0	0	0	0	0
Total	156	0	0	0	156

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	52.00
Certified Aides	86.00
Other Health Staff	71.00
Non-Health Staff	64.00
Totals	305.00

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
46.6%	15.9%	1.4%	32.6%	3.4%	100.0%		
8,947,295	3,046,178	277,795	6,259,741	658,728	19,189,737	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

VILLA HEALTH CARE EAST
100 MARIAN PARKWAY
Sherman, IL. 62684

Reference Numbers

Facility ID	6012991	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Sharon Reynolds

Contact Person and Telephone
Rabecca Howard
309-823-7139

Registered Agent Information
James Williamson
313 Saratoga Chase
Sherman, IL 62684

Date Questionnaire Completed 4/13/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	84
Total Admissions 2017	267
Total Discharges 2017	266
Residents on 12/31/2017	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	1
Other Medical Conditions	32
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	104	104	0	104	85	19	109	99
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	104	104	0	104	85	19	109	99

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3404	8.6%	12938	35.8%	0	0	15452	0	31794	83.8%	83.8%
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%
TOTALS	3404	8.6%	12938	35.8%	0	0	15452	0	31794	83.8%	83.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	4	15	0	0	0	0	0	0	4	15	19
85+	11	50	0	0	0	0	0	0	11	50	61
TOTALS	16	69	0	0	0	0	0	0	16	69	85

VILLA HEALTH CARE EAST
100 MARIAN PARKWAY
Sherman, IL. 62684

Classification Numbers

Facility ID	6012991	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	31	0	11	31	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	31	0	11	31	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	85	0	0	0	85
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	11.00
Certified Aides	29.00
Other Health Staff	2.00
Non-Health Staff	29.00
Totals	83.00

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
26.9%	25.1%	0.0%	0.0%	48.1%	100.0%		
1,938,131	1,809,702	0	0	3,469,327	7,217,160	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Vonderlieth Living Center
1120 North Topper Drive
Mt. Pulaski, IL. 62548

Reference Numbers

Facility ID	6003917	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

Administrator
Margery A Oblinger

Contact Person and Telephone
Rabecca Howard
309-823-7139

Registered Agent Information
Julian Wubben
234 2100th Avenue
Mt. Pulaski, IL 62548

Date Questionnaire Completed 4/11/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	61
Total Admissions 2017	80
Total Discharges 2017	67
Residents on 12/31/2017	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	2
Mental Illness	26
Developmental Disability	0
Circulatory System	21
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 26

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	89	75	89	72	18	0	90
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	90	89	75	89	72	18	0	90

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1377	0.0%	11398	34.7%	0		11331	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%
TOTALS	1377	0.0%	11398	34.7%	0		11331	0		0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	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	0	0	0	0	0	0	0	0	0	0
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	3	7	0	0	0	0	0	0	3	7	10
85+	8	50	0	0	0	0	0	0	8	50	58
TOTALS	13		0	0	0	0	0	0	13		

Vonderlieth Living Center
1120 North Topper Drive
Mt. Pulaski, IL. 62548

Classification Numbers

Facility ID	6003917	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	37	0	0	31	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	37	0	0	31	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	15.00
Certified Aides	32.00
Other Health Staff	19.00
Non-Health Staff	20.00
Totals	91.00

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%	31.4%	0.0%	0.0%	49.3%	100.0%		
895,808	1,457,878	0	0	2,289,318	4,643,004	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Wabash Christian Village
216 College Blvd.
Carmi, IL. 62821

Reference Numbers

Facility ID	6009674	
Health Service Area	005	
Planning Service Area	193	White
County	193	White County

Administrator
Andrea May

Contact Person and Telephone
Andrea May
618-382-4644

Registered Agent Information
Jake Bell
622 Emmerson Rd. Suite 310
St. Louis, MO 63141

Date Questionnaire Completed 4/5/2018

Continuing Care Retirement Community

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	125
Total Admissions 2017	365
Total Discharges 2017	361
Residents on 12/31/2017	129

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	5
Mental Illness	45
Developmental Disability	1
Circulatory System	22
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	13
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	129

Total Residents Diagnosed as Mentally Ill 90

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	156	156	142	156	129	27	158	152
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	156	156	142	156	129	27	158	152

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8508	14.8%	25818	46.5%	0	1155	10677	0	46158	81.1%	81.1%
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%
TOTALS	8508	14.8%	25818	46.5%	0	1155	10677	0	46158	81.1%	81.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	1	0	0	0	0	0	0	2	1	3
65 to 74	6	11	0	0	0	0	0	0	6	11	17
75 to 84	13	31	0	0	0	0	0	0	13	31	44
85+	13	51	0	0	0	0	0	0	13	51	64
TOTALS	34	95	0	0	0	0	0	0	34	95	129

Wabash Christian Village
216 College Blvd.
Carmi, IL. 62821

Classification Numbers

Facility ID	6009674	
Health Service Area	005	
Planning Service Area	193	White
County	193	White County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	73	0	3	32	0	129
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	73	0	3	32	0	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	129	0	0	0	129
Race Unknown	0	0	0	0	0
Total	129	0	0	0	129

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	129	0	0	0	129
Ethnicity Unknown	0	0	0	0	0
Total	129	0	0	0	129

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	15.00
LPN's	18.00
Certified Aides	59.00
Other Health Staff	3.00
Non-Health Staff	45.00
Totals	145.00

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
43.1%	34.5%	0.3%	3.7%	18.5%	100.0%		
4,197,599	3,357,570	26,597	361,340	1,801,623	9,744,729	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Walker Nursing Home
530 East Beardstown Street
Virginia, IL. 62691

Reference Numbers

Facility ID	6009682	
Health Service Area	003	
Planning Service Area	017	Cass
County	017	Cass County

Administrator
Mary White

Contact Person and Telephone
Rachel White
217-452-3218

Registered Agent Information
John Leahy
2319 West Jefferson Street
Springfield, IL 62702

Date Questionnaire Completed 3/19/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	42
Total Admissions 2017	31
Total Discharges 2017	32
Residents on 12/31/2017	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	8
Mental Illness	6
Developmental Disability	1
Circulatory System	5
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	41

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	71	55	45	55	41	30	71	71
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	71	55	45	55	41	30	71	71

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1293	5.0%	7169	27.7%	0	0	6310	0	14772	57.0%	73.6%
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%
TOTALS	1293	5.0%	7169	27.7%	0	0	6310	0	14772	57.0%	73.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	2	0	0	0	0	0	0	3	2	5
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	6	20	0	0	0	0	0	0	6	20	26
TOTALS	14	27	0	0	0	0	0	0	14	27	41

Walker Nursing Home
530 East Beardstown Street
Virginia, IL. 62691

Classification Numbers

Facility ID	6009682	
Health Service Area	003	
Planning Service Area	017	Cass
County	017	Cass County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	19	0	0	18	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	19	0	0	18	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	41	0	0	0	41
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	9.00
Certified Aides	16.00
Other Health Staff	15.00
Non-Health Staff	0.00
Totals	47.00

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
21.3%	21.5%	0.0%	0.0%	57.1%	100.0%		
543,123	549,264	0	0	1,456,840	2,549,227	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Walsh Home
6300 N. Ridge Avenue
Chicago, IL. 60660

Reference Numbers

Facility ID	6016851	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
Megan Polydoris

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Avenue
Chicago, IL 60660

Date Questionnaire Completed 3/27/2018

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	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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	2
Total Discharges 2017	2
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	15	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5379	#Div/0!	0	0	0	0	5379	98.2%	98.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5379	0.0%	0	0	0	0	5379	98.2%	98.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	1	0	0	3	1	4
45 to 59	0	0	0	0	5	5	0	0	5	5	10
60 to 64	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	9	6	0	0	9	6	15

Walsh Home
6300 N. Ridge Avenue
Chicago, IL. 60660

Classification Numbers

Facility ID	6016851	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.36
Physicians	0.09
Director of Nursing	0.25
Registered Nurses	0.71
LPN's	0.75
Certified Aides	8.71
Other Health Staff	4.72
Non-Health Staff	6.24
Totals	21.83

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%	82.5%	0.0%	0.0%	17.5%	100.0%		
0	816,131	0	0	172,657	988,788	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Walsh Terrace
2016 Windish Dr.
Galesburg, IL. 61401

Reference Numbers

Facility ID	6009708	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

Administrator
Tiffany Lair

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	16
Total Admissions 2017	2
Total Discharges 2017	2
Residents on 12/31/2017	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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
TOTALS	16

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5831	99.8%	0	0	0	0	5831	99.8%	99.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5831	99.8%	0	0	0	0	5831	99.8%	99.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	5	3	0	0	5	3	8
60 to 64	0	0	0	0	4	0	0	0	4	0	4
65 to 74	0	0	0	0	2	1	0	0	2	1	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
TOTALS	0	0	0	0	12	4	0	0	12	4	16

Walsh Terrace
2016 Windish Dr.
Galesburg, IL. 61401

Classification Numbers

Facility ID	6009708	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	68.7%	0.0%	0.0%	31.3%	100.0%		
0	463,331	0	0	210,949	674,280	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Walter Lawson Children's Home
1820 Walter Lawson Drive
Loves Park, IL. 61111

Reference Numbers

Facility ID	6009716	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Melissa A. Thornbloom

Contact Person and Telephone
Melissa A. Thornbloom
815-633-6636

Registered Agent Information
CT Corporation
36 East 7th Street
Cincinnati, OH 45202

Date Questionnaire Completed 3/16/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	97
Total Admissions 2017	4
Total Discharges 2017	6
Residents on 12/31/2017	95

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	95
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
TOTALS	95

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	99	99	99	99	95	4		93
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	95	4	0	93

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			35219	######	0	0	0	0	35219	97.5%	97.5%
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%
TOTALS	0	0.0%	35219	######	0	0	0	0	35219	97.5%	97.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	21	12	0	0	0	0	21	12	33
18 to 44	0	0	40	20	0	0	0	0	40	20	60
45 to 59	0	0	0	2	0	0	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
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
TOTALS	0	0	61	34	0	0	0	0	61	34	95

Walter Lawson Children's Home
1820 Walter Lawson Drive
Loves Park, IL. 61111

Classification Numbers

Facility ID	6009716	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

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	0
Skilled Under 22	0	95	0	0	0	0	95
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	95	0	0	0	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	2	0	0	2
American Indian	0	1	0	0	1
Black	0	17	0	0	17
Hawaiian/Pacific Isl.	0	1	0	0	1
White	0	66	0	0	66
Race Unknown	0	8	0	0	8
Total	0	95	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	4	0	0	4
Non-Hispanic	0	91	0	0	91
Ethnicity Unknown	0	0	0	0	0
Total	0	95	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.50
LPN's	8.00
Certified Aides	74.00
Other Health Staff	9.00
Non-Health Staff	19.75
Totals	125.25

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
0.0%	72.5%	26.0%	0.0%	1.5%	100.0%		
0	6,912,535	2,481,630	0	142,304	9,536,469	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WARREN BARR LINCOLN PARK
2732 NORTH HAMPDEN COURT
Chicago, IL. 60614

Reference Numbers

Facility ID	6005516	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 7 - Lincoln Park

Administrator
Andrea Martinez

Contact Person and Telephone
Andrea Martinez
773-248-6000

Registered Agent Information
Lincoln Park Skilled Nursing Facility, LLC
2732 N Hampden Ct
Chicago, IL 60614

Date Questionnaire Completed 3/22/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	81
Total Admissions 2017	253
Total Discharges 2017	257
Residents on 12/31/2017	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	28
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	1
Circulatory System	3
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	5
Skin Disorders	14
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 57

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	109	89	85	89	77	32	109	109
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	109	89	85	89	77	32	109	109

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	20	0.1%	46	0.1%	0	3	8	0	77	0.2%	0.2%
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%
TOTALS	20	0.1%	46	0.1%	0	3	8	0	77	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	6	4	0	0	0	0	0	0	6	4	10
60 to 64	3	6	0	0	0	0	0	0	3	6	9
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	6	18	0	0	0	0	0	0	6	18	24
85+	10	12	0	0	0	0	0	0	10	12	22
TOTALS	31	46	0	0	0	0	0	0	31	46	77

WARREN BARR LINCOLN PARK
2732 NORTH HAMPDEN COURT
Chicago, IL. 60614

Classification Numbers

Facility ID	6005516	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 7 - Lincoln Park

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	47	0	3	7	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	47	0	3	7	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	9	0	0	0	9
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	22.00
LPN's	11.00
Certified Aides	44.00
Other Health Staff	5.00
Non-Health Staff	36.00
Totals	121.00

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
47.8%	37.2%	0.0%	7.8%	7.1%	100.0%		
4,255,549	3,312,572	0	697,411	636,020	8,901,552	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

11/28/2016 Formerly Lincoln Park Terrace and The Grove at Lincoln Park.

WARREN BARR LINCOLNSHIRE
150 JAMESTOWN LANE
Lincolnshire, IL. 60069

Reference Numbers

Facility ID	6014377	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Elizabeth Carrasco

Contact Person and Telephone
Elizabeth Carrasco
224-543-7100

Registered Agent Information
Illinois Corporation Service Company
804 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	115
Total Admissions 2017	510
Total Discharges 2017	510
Residents on 12/31/2017	115

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	23
Injuries and Poisonings	1
Other Medical Conditions	52
Non-Medical Conditions	0
TOTALS	115

Total Residents Diagnosed as Mentally Ill 24

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	144	0	0	136	115	29	122	10
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	144	0	0	136	115	29	122	10

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10372	23.3%	20244	######	0	2081	8140	1111	41948	79.8%	0.0%
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%
TOTALS	10372	23.3%	20244	######	0	2081	8140	1111	41948	79.8%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	5	7	0	0	0	0	0	0	5	7	12
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	6	17	0	0	0	0	0	0	6	17	23
75 to 84	10	22	0	0	0	0	0	0	10	22	32
85+	7	32	0	0	0	0	0	0	7	32	39
TOTALS	31	84	0	0	0	0	0	0	31	84	115

WARREN BARR LINCOLNSHIRE
150 JAMESTOWN LANE
Lincolnshire, IL. 60069

Classification Numbers

Facility ID	6014377	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	65	0	7	17	0	115
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	65	0	7	17	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	9	0	0	0	9
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	14.50
Certified Aides	55.40
Other Health Staff	8.28
Non-Health Staff	38.14
Totals	136.32

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
43.5%	32.1%	0.0%	9.5%	14.9%	100.0%		
5,618,256	4,139,244	0	1,228,957	1,919,906	12,906,363	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Warren Barr Living and Rehab
66 West Oak
Chicago, IL. 60610

Reference Numbers

Facility ID	6004725	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 8 - Near North Side

Administrator
Scott Morton

Contact Person and Telephone
Crystal Shelby
312-705-6700

Registered Agent Information

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	189
Total Admissions 2017	1,150
Total Discharges 2017	1,124
Residents on 12/31/2017	215

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	23
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	43
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	13
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	118

Total Residents Diagnosed as Mentally Ill 158

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	271	221	215	221	215	56	271	127
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	271	221	215	221	215	56	271	127

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	24771	25.0%	35456	76.5%	0	7941	3659	0	71827	72.6%	89.0%
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%
TOTALS	24771	25.0%	35456	76.5%	0	7941	3659	0	71827	72.6%	89.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	10	18	0	0	0	0	0	0	10	18	28
60 to 64	7	8	0	0	0	0	0	0	7	8	15
65 to 74	25	28	0	0	0	0	0	0	25	28	53
75 to 84	29	33	0	0	0	0	0	0	29	33	62
85+	17	38	0	0	0	0	0	0	17	38	55
TOTALS	89	126	0	0	0	0	0	0	89	126	215

Warren Barr Living and Rehab
66 West Oak
Chicago, IL. 60610

Classification Numbers

Facility ID	6004725	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 8 - Near North Side

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	72	108	0	22	13	0	215
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	72	108	0	22	13	0	215

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	10	0	0	0	10
American Indian	0	0	0	0	0
Black	80	0	0	0	80
Hawaiian/Pacific Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	35	0	0	0	35
Total	215	0	0	0	215

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	180	0	0	0	180
Ethnicity Unknown	20	0	0	0	20
Total	215	0	0	0	215

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.60
Physicians	1.60
Director of Nursing	1.60
Registered Nurses	18.00
LPN's	10.00
Certified Aides	40.50
Other Health Staff	16.80
Non-Health Staff	39.90
Totals	130.00

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
56.0%	24.7%	0.0%	14.5%	4.8%	100.0%		
15,044,154	6,653,373	0	3,901,014	1,286,973	26,885,514	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Warren Barr North Shore
2773 Skokie Valley Road
Highland Park, IL. 60035

Reference Numbers

Facility ID	6014963	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Ashley Wilson

Contact Person and Telephone
Ashley Wilson
847-266-9266

Registered Agent Information
Illinois Corporation Servicing Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/13/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	148
Total Admissions 2017	596
Total Discharges 2017	604
Residents on 12/31/2017	140

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	3
*Nervous System Non Alzheimer	14
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	0
Circulatory System	32
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	9
Skin Disorders	10
Musculo-skeletal Disorders	19
Injuries and Poisonings	15
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	140

Total Residents Diagnosed as Mentally Ill 94

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	215	160	156	160	140	75	211	211
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	215	160	156	160	140	75	211	211

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14429	18.7%	26888	34.9%	0	2973	6395	0	50685	64.6%	86.8%
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%
TOTALS	14429	18.7%	26888	34.9%	0	2973	6395	0	50685	64.6%	86.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	8	3	0	0	0	0	0	0	8	3	11
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	17	20	0	0	0	0	0	0	17	20	37
75 to 84	18	22	0	0	0	0	0	0	18	22	40
85+	13	30	0	0	0	0	0	0	13	30	43
TOTALS	62	78	0	0	0	0	0	0	62	78	140

Warren Barr North Shore
2773 Skokie Valley Road
Highland Park, IL. 60035

Classification Numbers

Facility ID	6014963	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	74	0	8	18	0	140
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	40	74	0	8	18	0	140

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	0	0	0	0	0
Black	27	0	0	0	27
Hawaiian/Pacific Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	0	0	0	0	0
Total	140	0	0	0	140

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	131	0	0	0	131
Ethnicity Unknown	0	0	0	0	0
Total	140	0	0	0	140

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.29
LPN's	26.08
Certified Aides	66.45
Other Health Staff	1.00
Non-Health Staff	45.02
Totals	157.84

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
49.9%	29.7%	0.0%	9.0%	11.4%	100.0%		
8,756,818	5,202,721	0	1,582,430	1,991,938	17,533,907	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Warren Barr South Loop
1725 S. Wabash Ave.
Chicago, IL. 60616

Reference Numbers

Facility ID	6008825	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 33 - Near South Side

Administrator
Caitlin Casey

Contact Person and Telephone
Caitlin Casey
312-922-2777

Registered Agent Information
Illinois Corporation Services Company
801 Aldai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	151
Total Admissions 2017	754
Total Discharges 2017	745
Residents on 12/31/2017	160

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	11
Blood Disorders	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	25
Respiratory System	50
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	55
Non-Medical Conditions	0
TOTALS	160

Total Residents Diagnosed as Mentally Ill 22

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	210	187	179	187	160	50	207	210
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	210	187	179	187	160	50	207	210

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	16072	21.3%	35172	45.9%	0	5525	1520	0	58289	76.0%	85.4%
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%
TOTALS	16072	21.3%	35172	45.9%	0	5525	1520	0	58289	76.0%	85.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	2	0	0	0	0	0	0	6	2	8
45 to 59	20	10	0	0	0	0	0	0	20	10	30
60 to 64	7	10	0	0	0	0	0	0	7	10	17
65 to 74	20	15	0	0	0	0	0	0	20	15	35
75 to 84	11	18	0	0	0	0	0	0	11	18	29
85+	16	25	0	0	0	0	0	0	16	25	41
TOTALS	80	80	0	0	0	0	0	0	80	80	160

Warren Barr South Loop
1725 S. Wabash Ave.
Chicago, IL. 60616

Classification Numbers

Facility ID	6008825	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 33 - Near South Side

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	36	0	86	0	0	160
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	38	36	0	86	0	0	160

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	27	0	0	0	27
American Indian	0	0	0	0	0
Black	120	0	0	0	120
Hawaiian/Pacific Isl.	0	0	0	0	0
White	13	0	0	0	13
Race Unknown	0	0	0	0	0
Total	160	0	0	0	160

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	147	0	0	0	147
Ethnicity Unknown	0	0	0	0	0
Total	160	0	0	0	160

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	16.00
LPN's	35.50
Certified Aides	52.39
Other Health Staff	17.00
Non-Health Staff	78.82
Totals	203.71

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%	43.9%	0.0%	13.1%	1.6%	100.0%		
9,850,022	10,426,172	0	3,109,028	384,941	23,770,163	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

6/15/2016 Change of Ownership occurred.

WARREN PARK HEALTH & LIVING CENTER
6700 N DAMEN AVE
Chicago , IL. 60645

Reference Numbers

Facility ID	6008262	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
JOSH WILLIAMS

Contact Person and Telephone
JULIENNE ALFANTA
773-465-5000

Registered Agent Information
JONATHAN AARON
6700 N DAMEN AVE
Chicago, IL 60645

Date Questionnaire Completed 4/5/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	121
Total Admissions 2017	70
Total Discharges 2017	71
Residents on 12/31/2017	120

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	24
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	20
Developmental Disability	0
Circulatory System	10
Respiratory System	21
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	21
TOTALS	120

Total Residents Diagnosed as Mentally Ill 112

Total Residents Reported as Identified Offenders 15

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	127	127	127	127	120	7	51	127
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	127	127	127	127	120	7	51	127

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4296	23.1%	40094	86.5%	0	52	781	0	45223	97.6%	97.6%
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%
TOTALS	4296	23.1%	40094	86.5%	0	52	781	0	45223	97.6%	97.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	4	0	0	0	0	0	0	10	4	14
45 to 59	25	16	0	0	0	0	0	0	25	16	41
60 to 64	12	3	0	0	0	0	0	0	12	3	15
65 to 74	21	12	0	0	0	0	0	0	21	12	33
75 to 84	10	5	0	0	0	0	0	0	10	5	15
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	79	41	0	0	0	0	0	0	79	41	120

WARREN PARK HEALTH & LIVING CENTER
6700 N DAMEN AVE
Chicago , IL. 60645

Classification Numbers

Facility ID	6008262	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	109	0	1	3	0	120
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	109	0	1	3	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	32	0	0	0	32
Hawaiian/Pacific Isl.	1	0	0	0	1
White	60	0	0	0	60
Race Unknown	23	0	0	0	23
Total	120	0	0	0	120

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	18	0	0	0	18
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	38	0	0	0	38
Total	120	0	0	0	120

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.26
LPN's	18.68
Certified Aides	52.95
Other Health Staff	16.50
Non-Health Staff	21.24
Totals	113.63

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
5.4%	92.0%	0.2%	0.0%	2.5%	100.0%		
340,821	5,854,259	12,538	0	158,309	6,365,927	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Washington Christian Village
1201 Newcastle Rd.
Washington, IL. 61571

Reference Numbers

Facility ID	6009740	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Brandy Cooper

Contact Person and Telephone
Brandy Cooper
309-444-3161

Registered Agent Information

Date Questionnaire Completed 3/30/2018

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	78
Total Admissions 2017	240
Total Discharges 2017	244
Residents on 12/31/2017	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	4
Circulatory System	21
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	7
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	122	99	93	99	74	48	122	95
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	122	99	93	99	74	48	122	95

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4303	9.7%	17055	49.2%	0	1763	5298	0	28419	63.8%	78.6%
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%
TOTALS	4303	9.7%	17055	49.2%	0	1763	5298	0	28419	63.8%	78.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	6	35	0	0	0	0	0	0	6	35	41
TOTALS	20	54	0	0	0	0	0	0	20	54	74

Washington Christian Village
1201 Newcastle Rd.
Washington, IL. 61571

Classification Numbers

Facility ID	6009740	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	51	0	2	12	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	51	0	2	12	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	6.00
Certified Aides	53.00
Other Health Staff	4.00
Non-Health Staff	19.00
Totals	93.00

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
44.2%	31.8%	0.0%	4.2%	19.9%	100.0%		
3,169,151	2,278,410	0	297,902	1,430,398	7,175,861	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WASHINGTON COUNTY HOSPITAL
705 SOUTH GRAND AVENUE
NASHVILLE , IL. 62263

Reference Numbers

Facility ID	6013288	
Health Service Area	005	
Planning Service Area	189	Washington
County	189	Washington County

Administrator
Nancy M Newby

Contact Person and Telephone
Nancy M Newby
618-327-2200

Registered Agent Information

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
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	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	22
Total Admissions 2017	30
Total Discharges 2017	28
Residents on 12/31/2017	24

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	24

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	28	28	28	28	24	4	6	0
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	28	28	28	28	24	4	6	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	7664	0	7664	75.0%	75.0%
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%
TOTALS	0	0.0%	0	0.0%	0	0	7664	0	7664	75.0%	75.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	8	0	0	0	0	0	0	2	8	10
85+	5	9	0	0	0	0	0	0	5	9	14
TOTALS	7	17	0	0	0	0	0	0	7	17	24

WASHINGTON COUNTY HOSPITAL
705 SOUTH GRAND AVENUE
NASHVILLE , IL. 62263

Classification Numbers

Facility ID	6013288	
Health Service Area	005	
Planning Service Area	189	Washington
County	189	Washington County

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	24	0	24
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	24	0	24

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	24	0	0	0	24

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	24	0	0	0	24
Ethnicity Unknown	0	0	0	0	0
Total	24	0	0	0	24

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	4.40
Certified Aides	8.80
Other Health Staff	1.40
Non-Health Staff	0.00
Totals	15.60

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
41.2%	13.4%	0.2%	45.3%	0.0%	100.0%		
5,201,537	1,686,086	24,094	5,713,514	0	12,625,231	27,866	0.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Wasson Street Place
205 East Wasson
Amboy , IL. 61310

Reference Numbers

Facility ID	6013627	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

Administrator
Ron Heiderscheit

Contact Person and Telephone
Ron Heiderscheit
815-288-6691 ext. 269

Registered Agent Information
Jeff Stauter
500 Anchor Road
Dixon, IL 61021

Date Questionnaire Completed 4/7/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	4
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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
TOTALS	4

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1460	######	0	0	0	0	1460	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	######	0	0	0	0	1460	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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
TOTALS	0	0	0	0	1	3	0	0	1	3	4

Wasson Street Place
205 East Wasson
Amboy , IL. 61310

Classification Numbers

Facility ID	6013627	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	3	0	3

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	1	0	1

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	4.50
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	6.25

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
0.0%	14.6%	85.3%	0.0%	0.2%	100.0%		
0	45,498	266,346	0	564	312,408	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Waterfront Terrace
7750 South Shore Drive
Chicago, IL. 60649

Reference Numbers

Facility ID	6009757	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 43 - South Shore

Administrator
Howard Alter

Contact Person and Telephone
Diania Kufta
708-903-3607

Registered Agent Information

Date Questionnaire Completed 3/22/2108

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	96
Total Admissions 2017	152
Total Discharges 2017	137
Residents on 12/31/2017	111

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	13
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	5
Mental Illness	23
Developmental Disability	3
Circulatory System	26
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	11
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	111

Total Residents Diagnosed as Mentally Ill 23

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	118	118	114	118	111	7	118	118
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	118	118	114	118	111	7	118	118

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3765	8.7%	27328	63.5%	7789	306	473	0	39661	92.1%	92.1%
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%
TOTALS	3765	8.7%	27328	63.5%	7789	306	473	0	39661	92.1%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	2	0	0	0	0	0	0	3	2	5
45 to 59	8	5	0	0	0	0	0	0	8	5	13
60 to 64	9	13	0	0	0	0	0	0	9	13	22
65 to 74	13	10	0	0	0	0	0	0	13	10	23
75 to 84	12	11	0	0	0	0	0	0	12	11	23
85+	13	12	0	0	0	0	0	0	13	12	25
TOTALS	58	53	0	0	0	0	0	0	58	53	111

Waterfront Terrace
7750 South Shore Drive
Chicago, IL. 60649

Classification Numbers

Facility ID	6009757	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 43 - South Shore

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	82	7	4	2	0	111
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	82	7	4	2	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	106	0	0	0	106
Hawaiian/Pacific Isl.	0	0	0	0	0
White	5	0	0	0	5
Race Unknown	0	0	0	0	0
Total	111	0	0	0	111

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	0	111

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	21.00
Certified Aides	32.00
Other Health Staff	7.50
Non-Health Staff	1.50
Totals	68.00

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
27.1%	60.7%	10.6%	0.6%	1.0%	100.0%		
2,132,631	4,781,586	838,922	49,412	79,390	7,881,941	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Watseka Rehab and Health Care Center
715 East Raymond Road
Watseka , IL. 60970

Reference Numbers

Facility ID	6009765	
Health Service Area	004	
Planning Service Area	075	Iroquois
County	075	Iroquois County

Administrator
John A. Shaw

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/6/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	64
Total Admissions 2017	105
Total Discharges 2017	100
Residents on 12/31/2017	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	7
Mental Illness	39
Developmental Disability	4
Circulatory System	5
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 47

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	123	123	69	123	69	54	23	123
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	123	123	69	123	69	54	23	123

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1578	18.8%	19710	43.9%	0	48	3483	0	24819	55.3%	55.3%
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%
TOTALS	1578	18.8%	19710	43.9%	0	48	3483	0	24819	55.3%	55.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	5	1	6
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	6	12	0	0	0	0	0	0	6	12	18
75 to 84	8	11	0	0	0	0	0	0	8	11	19
85+	4	15	0	0	0	0	0	0	4	15	19
TOTALS	27	42	0	0	0	0	0	0	27	42	69

Watseka Rehab and Health Care Center
715 East Raymond Road
Watseka , IL. 60970

Classification Numbers

Facility ID	6009765	
Health Service Area	004	
Planning Service Area	075	Iroquois
County	075	Iroquois County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	47	6	1	9	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	47	6	1	9	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	9.00
Certified Aides	25.00
Other Health Staff	4.00
Non-Health Staff	38.00
Totals	85.00

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
8.3%	77.1%	0.0%	0.4%	14.1%	100.0%		
302,858	2,801,507	0	13,885	513,442	3,631,692	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Wauconda Healthcare & Rehab Centre
176 Thomas Ct
Wauconda, IL. 60084

Reference Numbers

Facility ID	6009435	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Cheryl Hahn

Contact Person and Telephone
Cheryl Hahn
847-526-5551

Registered Agent Information
Christopher Vicere
5061 N Pulaski
Chicago, IL 60630

Date Questionnaire Completed 4/6/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	100
Total Admissions 2017	713
Total Discharges 2017	716
Residents on 12/31/2017	97

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	2
Mental Illness	12
Developmental Disability	0
Circulatory System	16
Respiratory System	11
Digestive System	5
Genitourinary System Disorders	12
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	7
Other Medical Conditions	8
Non-Medical Conditions	1
TOTALS	97

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	135	135	135	135	97	38	135	79
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	135	135	135	135	97	38	135	79

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12356	25.1%	14027	48.6%	0	2194	8338	0	36915	74.9%	74.9%
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%
TOTALS	12356	25.1%	14027	48.6%	0	2194	8338	0	36915	74.9%	74.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	5	10	0	0	0	0	0	0	5	10	15
75 to 84	13	16	0	0	0	0	0	0	13	16	29
85+	6	45	0	0	0	0	0	0	6	45	51
TOTALS	25	72	0	0	0	0	0	0	25	72	97

Wauconda Healthcare & Rehab Centre
176 Thomas Ct
Wauconda, IL. 60084

Classification Numbers

Facility ID	6009435	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	41	0	4	25	0	97
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	41	0	4	25	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	3.00
Certified Aides	37.00
Other Health Staff	6.00
Non-Health Staff	29.00
Totals	88.00

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
57.3%	18.7%	0.0%	7.4%	16.6%	100.0%		
7,486,271	2,444,281	0	967,726	2,164,521	13,062,799	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Waukegan Terrace
860 S. Lewis

Reference Numbers

Facility ID	6014229	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Colleen Brooks

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	5
Total Admissions 2017	2
Total Discharges 2017	1
Residents on 12/31/2017	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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
TOTALS	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			6	0.3%	0	0	0	0	6	0.3%	0.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	6	0.3%	0	0	0	0	6	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5		0	0	5		
45 to 59	0	0	0	0	1		0	0	1		
60 to 64	0	0	0	0	0		0	0	0		
65 to 74	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
TOTALS	0	0	0	0	6		0	0	6		

Waukegan Terrace
860 S. Lewis

Classification Numbers

Facility ID	6014229	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0		0	
Total	0	0		0	

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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
0.0%	90.9%	2.1%	0.0%	7.0%	100.0%		
0	408,219	9,408	0	31,219	448,846	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Waverly Place of Stockton
501 E Front Ave
Stockton, IL. 61085

Reference Numbers

Facility ID	6006365	
Health Service Area	001	
Planning Service Area	085	Jo Daviess
County	085	Jo Daviess County

Administrator
Courtney Potter

Contact Person and Telephone
Courtney Potter
815-947-2215

Registered Agent Information

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	37
Total Admissions 2017	64
Total Discharges 2017	64
Residents on 12/31/2017	37

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	12
Developmental Disability	1
Circulatory System	8
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	37

Total Residents Diagnosed as Mentally Ill 16

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	0	0	49	37	12	0	49
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	49	0	0	49	37	12	0	49

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1976	0.0%	9252	51.7%	245	71	3067	0	14611	81.7%	0.0%
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%
TOTALS	1976	0.0%	9252	51.7%	245	71	3067	0	14611	81.7%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	1	0	0	0	0	0	0	4	1	5
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	5	4	0	0	0	0	0	0	5	4	9
85+	3	9	0	0	0	0	0	0	3	9	12
TOTALS	16	21	0	0	0	0	0	0	16	21	37

Waverly Place of Stockton
501 E Front Ave
Stockton, IL. 61085

Classification Numbers

Facility ID	6006365	
Health Service Area	001	
Planning Service Area	085	Jo Daviess
County	085	Jo Daviess County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	22	1	0	10	0	37
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	22	1	0	10	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	37	0	0	0	37

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	37	0	0	0	37
Ethnicity Unknown	0	0	0	0	0
Total	37	0	0	0	37

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.96
LPN's	2.15
Certified Aides	16.88
Other Health Staff	1.04
Non-Health Staff	12.87
Totals	40.90

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
31.8%	49.5%	0.0%	1.3%	17.3%	100.0%		
973,794	1,513,754	816	40,609	529,300	3,058,273	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Wentworth Rehabilitation and Health Care Center,
201 W 69th Street
Chicago, IL. 60621-3719

Reference Numbers

Facility ID	6009856	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 69 - Gr. Grand Cross

Administrator
Taylor Herron

Contact Person and Telephone
Chris Kuehn
773-724-6534

Registered Agent Information
Mary Chelotti-Smith
4200 W Peterson Avenue Suite 102
Chicago, IL 60646

Date Questionnaire Completed 3/29/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	213
Total Admissions 2017	237
Total Discharges 2017	239
Residents on 12/31/2017	211

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	21
Alzheimer Disease	0
Mental Illness	75
Developmental Disability	0
Circulatory System	26
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	18
Skin Disorders	1
Musculo-skeletal Disorders	20
Injuries and Poisonings	5
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	211

Total Residents Diagnosed as Mentally Ill 166

Total Residents Reported as Identified Offenders 9

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	300	251	222	251	211	89	300	300
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	300	251	222	251	211	89	300	300

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4097	3.7%	68978	63.0%	2703	257	900	0	76935	70.3%	84.0%
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%
TOTALS	4097	3.7%	68978	63.0%	2703	257	900	0	76935	70.3%	84.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	5	0	0	0	0	0	0	2	5	7
45 to 59	17	38	0	0	0	0	0	0	17	38	55
60 to 64	15	14	0	0	0	0	0	0	15	14	29
65 to 74	23	26	0	0	0	0	0	0	23	26	49
75 to 84	18	21	0	0	0	0	0	0	18	21	39
85+	7	25	0	0	0	0	0	0	7	25	32
TOTALS	82	129	0	0	0	0	0	0	82	129	211

Wentworth Rehabilitation and Health Care Center,
201 W 69th Street
Chicago, IL. 60621-3719

Classification Numbers

Facility ID	6009856	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C
County	031	Area 69 - Gr. Grand Cross

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	182	11	1	3	0	211
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	182	11	1	3	0	211

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	198	0	0	0	198
Hawaiian/Pacific Isl.	0	0	0	0	0
White	13	0	0	0	13
Race Unknown	0	0	0	0	0
Total	211	0	0	0	211

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	207	0	0	0	207
Ethnicity Unknown	0	0	0	0	0
Total	211	0	0	0	211

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.12
LPN's	22.37
Certified Aides	54.85
Other Health Staff	6.21
Non-Health Staff	55.38
Totals	146.93

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
16.3%	77.9%	4.8%	0.6%	0.3%	100.0%		
2,247,055	10,728,064	662,384	84,829	46,358	13,768,690	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

8/26/2016 Formerly Alden Wentworth Rehab & Health Care Center

Wesley Place
1415 W. Foster
Chicago, IL. 60640

Reference Numbers

Facility ID	6006100	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

Administrator
Jay Evans

Contact Person and Telephone
Jay Evans
773-769-5500

Registered Agent Information
Brian Waldron
1466 Techny Road
Northbrook, IL 60062

Date Questionnaire Completed 4/10/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	76
Total Admissions 2017	320
Total Discharges 2017	316
Residents on 12/31/2017	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	28
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	84

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	108	108	108	87	84	24	108	108
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	108	108	108	87	84	24	108	108

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7318	18.6%	9218	23.4%	0	1511	9607	0	27654	70.2%	70.2%
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%
TOTALS	7318	18.6%	9218	23.4%	0	1511	9607	0	27654	70.2%	70.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	8	26	0	0	0	0	0	0	8	26	34
85+	8	31	0	0	0	0	0	0	8	31	39
TOTALS	21	63	0	0	0	0	0	0	21	63	84

Wesley Place
1415 W. Foster
Chicago, IL. 60640

Classification Numbers

Facility ID	6006100	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	29	0	6	26	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	29	0	6	26	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	3	0	0	0	3
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.25
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	2.10
Certified Aides	38.50
Other Health Staff	9.00
Non-Health Staff	43.00
Totals	113.85

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
46.4%	17.0%	0.0%	7.9%	28.7%	100.0%		
4,319,105	1,578,119	0	739,031	2,665,807	9,302,062	11,485	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Wesley Village
1200 East Grant
Macomb, IL. 61455

Reference Numbers

Facility ID	6009864	
Health Service Area	002	
Planning Service Area	109	McDonough
County	109	McDonough County

Administrator
Shelly Martin

Contact Person and Telephone
Shelly Martin
309-833-2123

Registered Agent Information
Britany Knowles
1200 East Grant St
Macomb, IL 61455

Date Questionnaire Completed 11/30/2019

Continuing Care Retirement Community
Life Care Facility

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	69
Total Admissions 2017	165
Total Discharges 2017	170
Residents on 12/31/2017	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	13
Mental Illness	18
Developmental Disability	0
Circulatory System	13
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 50

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	73	0	0	0	64	9	73	73
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	73	0	0	0	64	9	73	73

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
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	6	9	0	0	0	0	0	0	6	9	15
85+	12	33	0	0	0	0	0	0	12	33	45
TOTALS	20	44	0	0	0	0	0	0	20	44	64

Wesley Village
1200 East Grant
Macomb, IL. 61455

Classification Numbers

Facility ID	6009864	
Health Service Area	002	
Planning Service Area	109	McDonough
County	109	McDonough County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	19	1	4	33	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	19	1	4	33	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	15.00
Certified Aides	43.00
Other Health Staff	6.00
Non-Health Staff	29.00
Totals	104.00

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
22.6%	17.4%	0.0%	8.3%	51.7%	100.0%		
1,148,429	884,909	0	420,568	2,622,516	5,076,422	43,588	0.9%

*Charity Care Expense does not include expenses which may be considered a community benefit.

West Chicago Terrace Nursing Home
928 Joliet Street
West Chicago, IL. 60185

Reference Numbers

Facility ID	6009872	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Winfield Township

Administrator
Alexandra Adesemowo

Contact Person and Telephone
Alexandra Adesemowo
630-231-9292

Registered Agent Information
Tom Hein
1S443 Summit Ave Suite 204
Oakbrook Terrace, IL 60181

Date Questionnaire Completed 4/13/2018

Life Care Facility

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	112
Total Admissions 2017	88
Total Discharges 2017	89
Residents on 12/31/2017	111

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	111
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
TOTALS	111

Total Residents Diagnosed as Mentally Ill 111

Total Residents Reported as Identified Offenders 14

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	112	120	111	9	0	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	112	120	111	9	0	120

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	37538	85.7%	1259	0	0	0	38797	88.6%	88.6%
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%
TOTALS	0	0.0%	37538	85.7%	1259	0	0	0	38797	88.6%	88.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	18	9	0	0	0	0	0	0	18	9	27
45 to 59	32	20	0	0	0	0	0	0	32	20	52
60 to 64	9	12	0	0	0	0	0	0	9	12	21
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	65	46	0	0	0	0	0	0	65	46	111

West Chicago Terrace Nursing Home
928 Joliet Street
West Chicago, IL. 60185

Classification Numbers

Facility ID	6009872	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Winfield Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	108	0	0	3	0	111
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	108	0	0	3	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	111	0	0	0	111

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	0	111

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	10.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	43.00
Totals	96.00

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
0.0%	96.5%	0.0%	0.0%	3.5%	100.0%		
0	3,980,171	0	0	145,307	4,125,478	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WEST SUBURBAN HOSPITAL & MEDICAL CENTE
3 Erie Court
Oak Park, IL. 60302

Reference Numbers

Facility ID	6013478	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Oak Park Township

Administrator
Sherry Worman

Contact Person and Telephone
Sherry Worman
708-763-6018

Registered Agent Information
CT Corporation System
208 South LaSalle Street Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/11/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	28
Total Admissions 2017	618
Total Discharges 2017	622
Residents on 12/31/2017	24

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	24

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	50	50	34	50	24	26	50	26
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	50	50	34	50	24	26	50	26

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5867	32.1%	198	2.1%	0	2125	0	0	8190	44.9%	44.9%
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%
TOTALS	5867	32.1%	198	2.1%	0	2125	0	0	8190	44.9%	44.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	3	0	0	0	0	0	0	0	3	0	3
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	2	4	0	0	0	0	0	0	2	4	6
TOTALS	10	14	0	0	0	0	0	0	10	14	24

WEST SUBURBAN HOSPITAL & MEDICAL CENTE
3 Erie Court
Oak Park, IL. 60302

Classification Numbers

Facility ID	6013478	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Oak Park Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	3	0	0	0	0	24
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	3	0	0	0	0	24

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pacific Isl.	0	0	0	0	0
White	6	0	0	0	6
Race Unknown	0	0	0	0	0
Total	24	0	0	0	24

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	24	0	0	0	24
Ethnicity Unknown	0	0	0	0	0
Total	24	0	0	0	24

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	0.00
Certified Aides	14.00
Other Health Staff	4.00
Non-Health Staff	4.00
Totals	42.00

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
88.2%	5.3%	0.0%	6.5%	0.0%	100.0%		
4,619,143	279,714	0	338,650	0	5,237,507	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WEST SUBURBAN NURSING & REHAB CENTER
311 EDGEWATER DRIVE
Bloomingdale, IL. 60108

Reference Numbers

Facility ID	6001002	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

Administrator
Allison Bertacchi

Contact Person and Telephone
Allison Bertacchi
630-894-7400

Registered Agent Information
Michelle Bush
240 Fencl Lahe
Hillside, IL 60162

Date Questionnaire Completed 4/13/2018

Life Care Facility

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	191
Total Admissions 2017	155
Total Discharges 2017	152
Residents on 12/31/2017	194

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	1
Mental Illness	4
Developmental Disability	0
Circulatory System	12
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	146
Non-Medical Conditions	0
TOTALS	181

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	259	259	200	259	181	78	30	259
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	259	259	200	259	181	78	30	259

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6102	55.7%	57628	61.0%	2081	909	2006	0	68726	72.7%	72.7%
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%
TOTALS	6102	55.7%	57628	61.0%	2081	909	2006	0	68726	72.7%	72.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	3	0	0	0	0	0	0	1	3	4
45 to 59	19	13	0	0	0	0	0	0	19	13	32
60 to 64	12	12	0	0	0	0	0	0	12	12	24
65 to 74	25	24	0	0	0	0	0	0	25	24	49
75 to 84	12	21	0	0	0	0	0	0	12	21	33
85+	11	28	0	0	0	0	0	0	11	28	39
TOTALS	80	101	0	0	0	0	0	0	80	101	181

WEST SUBURBAN NURSING & REHAB CENTER
311 EDGEWATER DRIVE
Bloomingdale, IL. 60108

Classification Numbers

Facility ID	6001002	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	149	0	2	13	0	181
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	149	0	2	13	0	181

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	19	0	0	0	19
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	133	0	0	0	133
Race Unknown	0	0	0	0	0
Total	164	0	0	0	164

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	17	0	0	0	17

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	33.00
Certified Aides	68.00
Other Health Staff	11.00
Non-Health Staff	80.00
Totals	215.00

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
3.2%	96.1%	0.0%	0.4%	0.4%	100.0%		
3,593,682	109,051,190	0	436,087	433,096	113,514,055	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Westchester Health & Rehab
2901 Wolf Road
Westchester, IL. 60154

Reference Numbers

Facility ID	6012173	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Proviso Township

Administrator
Katie DeWerdt

Contact Person and Telephone
Katie DeWerdt
708-531-1441 Ext. 2853

Registered Agent Information
CT Corporation System
208 South LaSalle St., Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/13/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	104
Total Admissions 2017	114
Total Discharges 2017	121
Residents on 12/31/2017	97

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	32
Injuries and Poisonings	12
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	97

Total Residents Diagnosed as Mentally Ill 30

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	117	120	97	23	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	117	120	97	23	120	120

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2901	6.6%	33375	76.2%	1319	323	1219	0	39137	89.4%	89.4%
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%
TOTALS	2901	6.6%	33375	76.2%	1319	323	1219	0	39137	89.4%	89.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	4	4	0	0	0	0	0	0	4	4	8
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	9	4	0	0	0	0	0	0	9	4	13
75 to 84	9	24	0	0	0	0	0	0	9	24	33
85+	7	28	0	0	0	0	0	0	7	28	35
TOTALS	34	63	0	0	0	0	0	0	34	63	97

Westchester Health & Rehab
2901 Wolf Road
Westchester, IL. 60154

Classification Numbers

Facility ID	6012173	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Proviso Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	84	3	0	5	0	97
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	84	3	0	5	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	45	0	0	0	45
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	1	0	0	0	1
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	8	0	0	0	8

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.80
LPN's	13.00
Certified Aides	30.50
Other Health Staff	7.20
Non-Health Staff	11.70
Totals	70.20

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
24.4%	66.7%	2.5%	1.9%	4.5%	100.0%		
2,055,068	5,616,004	211,748	159,968	374,800	8,417,588	95,604	1.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Westminster Place, Presbyterian Homes
3200 Grant Street
Evanston , IL. 60201

Reference Numbers

Facility ID	6007603	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

Administrator
Nadim Abi-Antoun

Contact Person and Telephone
Angelle Schwartz, RN
847-570-3441

Registered Agent Information
Todd Swortzell
8707 Skokie Blvd. Suite 400
Skokie, IL 60077

Date Questionnaire Completed 4/11/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	179
Total Admissions 2017	482
Total Discharges 2017	482
Residents on 12/31/2017	179

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	12
Alzheimer Disease	6
Mental Illness	57
Developmental Disability	0
Circulatory System	39
Respiratory System	8
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	16
Injuries and Poisonings	17
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	179

Total Residents Diagnosed as Mentally Ill 57

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	204	170	165	170	161	43	105	15
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	51	51	18	51	18	33		
TOTAL BEDS	255	221	183	221	179	76	105	15

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7739	20.2%	709	12.9%	0	53	47786	4011	60298	81.0%	97.2%
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	6552	0	6552	35.2%	35.2%
TOTALS	7739	20.2%	709	12.9%	0	53	54338	4011	66850	71.8%	82.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	2	0	3	1	4
75 to 84	7	13	0	0	0	0	1	0	8	13	21
85+	43	96	0	0	0	0	4	11	47	107	154
TOTALS	51	110	0	0	0	0	7	11	58	121	179

Westminster Place, Presbyterian Homes
3200 Grant Street
Evanston , IL. 60201

Classification Numbers

Facility ID	6007603	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	1	0	1	134	7	161
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	18	0	18
TOTALS	18	1	0	1	152	7	179

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	158	0	0	18	176
Race Unknown	0	0	0	0	0
Total	161	0	0	18	179

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	160	0	0	18	178
Ethnicity Unknown	0	0	0	0	0
Total	161	0	0	18	179

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.60
Director of Nursing	1.00
Registered Nurses	44.10
LPN's	3.00
Certified Aides	84.60
Other Health Staff	5.30
Non-Health Staff	6.00
Totals	145.60

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
24.1%	0.5%	0.0%	0.3%	75.1%	100.0%		
5,650,624	126,867	0	62,750	17,577,177	23,417,418	1,416,226	6.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Westminster Village - Martin Health Center
2025 E. Lincoln St
Bloomington, IL. 61701

Reference Numbers

Facility ID	6009922	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Susan Post

Contact Person and Telephone
Susan Post
309-663-6474

Registered Agent Information
Barb Nathan
2025 E. Lincoln St
Bloomington, IL 61701

Date Questionnaire Completed 3/13/2018

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	64
Total Admissions 2017	78
Total Discharges 2017	77
Residents on 12/31/2017	65

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	65

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	78	78	65	78	65	13	39	0
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	78	78	65	78	65	13	39	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1895	13.3%	0	0.0%	0	0	21145	0	23040	80.9%	80.9%
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%
TOTALS	1895	13.3%	0	0.0%	0	0	21145	0	23040	80.9%	80.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	4	0	0	0	0	0	0	0	4	4
85+	12	49	0	0	0	0	0	0	12	49	61
TOTALS	12	53	0	0	0	0	0	0	12	53	65

Westminster Village - Martin Health Center
2025 E. Lincoln St
Bloomington, IL. 61701

Classification Numbers

Facility ID	6009922	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	0	0	0	54	0	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	0	0	0	54	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	5.75
Certified Aides	32.00
Other Health Staff	2.00
Non-Health Staff	7.00
Totals	57.75

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
15.5%	0.0%	0.0%	0.0%	84.5%	100.0%		
871,538	0	0	0	4,744,742	5,616,280	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Westside Rehab and Care Center
601 N. Columbia St.
West Frankfort, IL. 62896

Reference Numbers

Facility ID	6000194	
Health Service Area	005	
Planning Service Area	055	Franklin
County	055	Franklin County

Administrator
Chris Ely

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 2/27/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	36
Total Admissions 2017	47
Total Discharges 2017	50
Residents on 12/31/2017	33

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	13
Mental Illness	2
Developmental Disability	2
Circulatory System	0
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	33

Total Residents Diagnosed as Mentally Ill 21

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	96	96	39	96	33	63	96	96
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	96	96	39	96	33	63	96	96

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	797	2.3%	9814	28.0%	0	16	2490	0	13117	37.4%	37.4%
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%
TOTALS	797	2.3%	9814	28.0%	0	16	2490	0	13117	37.4%	37.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	2	0	2
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	3	7	0	0	0	0	0	0	3	7	10
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	11	22	0	0	0	0	0	0	11	22	33

Westside Rehab and Care Center
601 N. Columbia St.
West Frankfort, IL. 62896

Classification Numbers

Facility ID	6000194	
Health Service Area	005	
Planning Service Area	055	Franklin
County	055	Franklin County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	24	0	0	6	0	33
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	24	0	0	6	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	33	0	0	0	33

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	33	0	0	0	33
Ethnicity Unknown	0	0	0	0	0
Total	33	0	0	0	33

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	5.00
Certified Aides	9.00
Other Health Staff	4.00
Non-Health Staff	13.00
Totals	34.00

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
5.6%	76.0%	0.0%	0.1%	18.3%	100.0%		
94,245	1,285,323	0	2,501	308,957	1,691,026	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESTWOOD MANOR, THE
2444 W TOUHY AVE
Chicago, IL. 60645

Reference Numbers

Facility ID	6009955	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

Administrator
DR. JOSEPH LIBERMAN, PHD

Contact Person and Telephone
DR. JOSEPH LIBERMAN, PHD
773-274-7705

Registered Agent Information
Dr. Joseph Liberman, PhD
2444 W TOUHY AVE
Chicago, IL 60645

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	101
Total Admissions 2017	36
Total Discharges 2017	32
Residents on 12/31/2017	105

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	91
Developmental Disability	0
Circulatory System	5
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	105

Total Residents Diagnosed as Mentally Ill 91

Total Residents Reported as Identified Offenders 9

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	115	107	115	105	10	0	115
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	115	115	107	115	105	10	0	115

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	625	0.0%	36450	86.8%	0	0	600	0	37675	89.8%	89.8%
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%
TOTALS	625	0.0%	36450	86.8%	0	0	600	0	37675	89.8%	89.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	3	0	0	0	0	0	0	3	3	6
45 to 59	19	23	0	0	0	0	0	0	19	23	42
60 to 64	17	5	0	0	0	0	0	0	17	5	22
65 to 74	14	11	0	0	0	0	0	0	14	11	25
75 to 84	5	3	0	0	0	0	0	0	5	3	8
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	58	47	0	0	0	0	0	0	58	47	105

WESTWOOD MANOR, THE
2444 W TOUHY AVE
Chicago, IL. 60645

Classification Numbers

Facility ID	6009955	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 2 - West Ridge

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	99	0	0	2	0	105
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	99	0	0	2	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	1	0	0	0	1
Black	26	0	0	0	26
Hawaiian/Pacific Isl.	1	0	0	0	1
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	105	0	0	0	105

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	105	0	0	0	105

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	3.00
Certified Aides	26.00
Other Health Staff	8.00
Non-Health Staff	19.00
Totals	66.00

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
6.5%	91.7%	0.0%	0.0%	1.7%	100.0%		
310,571	4,371,268	0	0	82,520	4,764,359	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Wetherell Place
1026 N. Merchant
Effingham, IL. 62401

Reference Numbers

Facility ID	6011431	
Health Service Area	005	
Planning Service Area	049	Effingham
County	049	Effingham County

Administrator
Brenda Everett

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2018

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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5110	87.5%	0	0	365	0	5475	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5110	87.5%	0	0	365	0	5475	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	0	0	0	5	0	5
45 to 59	0	0	0	0	6	0	0	0	6	0	6
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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
TOTALS	0	0	0	0	11	4	0	0	11	4	15

Wetherell Place
1026 N. Merchant
Effingham, IL. 62401

Classification Numbers

Facility ID	6011431	
Health Service Area	005	
Planning Service Area	049	Effingham
County	049	Effingham County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	1	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	1	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	65.2%	2.4%	0.0%	32.3%	100.0%		
0	395,958	14,748	0	196,252	606,958	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Wheaton Care Center
1325 Manchester Road
Wheaton, IL. 60187

Reference Numbers

Facility ID	6009963	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Milton Township

Administrator
David B. Taylor

Contact Person and Telephone
David B. Taylor
630-668-2500

Registered Agent Information
David Aronin
2201 Main St.
Evanston, IL 60202

Date Questionnaire Completed 4/3/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	114
Total Admissions 2017	53
Total Discharges 2017	57
Residents on 12/31/2017	110

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	9
Alzheimer Disease	1
Mental Illness	39
Developmental Disability	1
Circulatory System	11
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	8
Other Medical Conditions	12
Non-Medical Conditions	2
TOTALS	110

Total Residents Diagnosed as Mentally Ill 39

Total Residents Reported as Identified Offenders 14

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	123	123	121	123	110	13	81	123
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	123	123	121	123	110	13	81	123

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3	0.0%	103	0.2%	0	0	4	0	110	0.2%	0.2%
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%
TOTALS	3	0.0%	103	0.2%	0	0	4	0	110	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	20	15	0	0	0	0	0	0	20	15	35
60 to 64	16	8	0	0	0	0	0	0	16	8	24
65 to 74	14	15	0	0	0	0	0	0	14	15	29
75 to 84	7	10	0	0	0	0	0	0	7	10	17
85+	0	3	0	0	0	0	0	0	0	3	3
TOTALS	59	51	0	0	0	0	0	0	59	51	110

Wheaton Care Center
1325 Manchester Road
Wheaton, IL. 60187

Classification Numbers

Facility ID	6009963	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Milton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	103	0	0	4	0	110
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	103	0	0	4	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	0	0	0	0	0
Total	110	0	0	0	110

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.34
LPN's	11.70
Certified Aides	23.51
Other Health Staff	2.45
Non-Health Staff	35.34
Totals	80.34

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
13.4%	80.1%	0.0%	3.1%	3.4%	100.0%		
933,462	5,559,947	0	215,782	235,783	6,944,974	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Whispering Oaks
201 Spring st
Rosiclare, IL. 62982

Reference Numbers

Facility ID	6012538	
Health Service Area	005	
Planning Service Area	069	Hardin/Pope
County	069	Hardin County

Administrator
Jessica Hershey

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/12/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	7
Total Admissions 2017	1
Total Discharges 2017	1
Residents on 12/31/2017	7

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	7
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
TOTALS	7

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	7	16	7	9		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	7	16	7	9	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2500	42.8%	0	0	0	0	2500	42.8%	42.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2500	42.8%	0	0	0	0	2500	42.8%	42.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	1	0	0	0	1	1
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	2	1	0	0	2	1	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
TOTALS	0	0	0	0	4	3	0	0	4	3	7

Whispering Oaks
201 Spring st
Rosiclare, IL. 62982

Classification Numbers

Facility ID	6012538	
Health Service Area	005	
Planning Service Area	069	Hardin/Pope
County	069	Hardin County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		7	0	0	0	0	7
Sheltered Care			0	0	0	0	0
TOTALS	0	7	0	0	0	0	7

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	7	0	7
Race Unknown	0	0	0	0	0
Total	0	0	7	0	7

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	7	0	7
Ethnicity Unknown	0	0	0	0	0
Total	0	0	7	0	7

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	9.00
Non-Health Staff	0.00
Totals	10.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	261,445	0	0	0	261,445	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

White Hall Nursing and Rehabilitation Center, LLC
620 West Bridgeport
White Hall, IL. 62092

Reference Numbers

Facility ID	6006597	
Health Service Area	003	
Planning Service Area	061	Greene
County	061	Greene County

Administrator
Christine Warcup

Contact Person and Telephone
Valerie M Gaydosh
716-972-2512

Registered Agent Information
United Corporate Service, Inc
901 S 2nd Street, Suite 201
Springfield, IL 62704

Date Questionnaire Completed 4/16/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	109
Total Admissions 2017	138
Total Discharges 2017	141
Residents on 12/31/2017	106

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	22
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	15
Mental Illness	5
Developmental Disability	1
Circulatory System	10
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	106

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	119	119	115	119	106	13	119	119
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	119	119	115	119	106	13	119	119

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5301	12.2%	24307	56.0%	555	474	8518	0	39155	90.1%	90.1%
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%
TOTALS	5301	12.2%	24307	56.0%	555	474	8518	0	39155	90.1%	90.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	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	5	13	0	0	0	0	0	0	5	13	18
75 to 84	11	29	0	0	0	0	0	0	11	29	40
85+	8	33	0	0	0	0	0	0	8	33	41
TOTALS	27	79	0	0	0	0	0	0	27	79	106

White Hall Nursing and Rehabilitation Center, LLC
620 West Bridgeport
White Hall, IL. 62092

Classification Numbers

Facility ID	6006597	
Health Service Area	003	
Planning Service Area	061	Greene
County	061	Greene County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	66	3	2	20	0	106
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	66	3	2	20	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	0	0	0	0	0
Total	106	0	0	0	106

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.11
LPN's	15.45
Certified Aides	43.70
Other Health Staff	36.52
Non-Health Staff	0.00
Totals	103.78

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%	44.2%	1.0%	2.6%	18.5%	100.0%		
2,379,441	3,120,863	68,339	180,937	1,308,933	7,058,513	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

White Oak Rehabilitation and Healthcare
1700 White St.
Mt. Vernon, IL. 62864

Reference Numbers

Facility ID	6004881	
Health Service Area	005	
Planning Service Area	081	Jefferson
County	081	Jefferson County

Administrator
Gary D. Albert

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/7/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	49
Total Admissions 2017	87
Total Discharges 2017	88
Residents on 12/31/2017	48

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	6
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	7
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	3
TOTALS	48

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	65	65	55	65	48	17	65	65
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	65	65	55	65	48	17	65	65

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3452	14.6%	12600	53.1%	0	104	1051	0	17207	72.5%	72.5%
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%
TOTALS	3452	14.6%	12600	53.1%	0	104	1051	0	17207	72.5%	72.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	6	0	0	0	0	0	0	3	6	9
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	2	8	0	0	0	0	0	0	2	8	10
85+	3	12	0	0	0	0	0	0	3	12	15
TOTALS	14	34	0	0	0	0	0	0	14	34	48

White Oak Rehabilitation and Healthcare
1700 White St.
Mt. Vernon, IL. 62864

Classification Numbers

Facility ID	6004881	
Health Service Area	005	
Planning Service Area	081	Jefferson
County	081	Jefferson County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	36	2	0	2	0	48
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	36	2	0	2	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	48	0	0	0	48

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	48	0	0	0	48

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	7.00
Certified Aides	35.00
Other Health Staff	8.00
Non-Health Staff	11.00
Totals	67.00

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
21.3%	67.0%	0.0%	2.6%	9.0%	100.0%		
504,982	1,587,115	0	62,032	213,227	2,367,356	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Whitehall North
300 Waukegan Road
Deerfield, IL. 60015

Reference Numbers

Facility ID	6010003	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Jeremy Kanter

Contact Person and Telephone
Cindy Cohen
847-580-8293

Registered Agent Information
Mark Hollander
300 Waukegan Road
Deerfield, IL 60015

Date Questionnaire Completed 3/30/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	142
Total Admissions 2017	2,015
Total Discharges 2017	2,017
Residents on 12/31/2017	140

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	0
Circulatory System	32
Respiratory System	22
Digestive System	6
Genitourinary System Disorders	8
Skin Disorders	6
Musculo-skeletal Disorders	13
Injuries and Poisonings	25
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	140

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	190	190	170	190	140	50	190	0
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	190	190	170	190	140	50	190	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	27879	40.2%	0	0.0%	0	7086	19049	0	54014	77.9%	77.9%
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%
TOTALS	27879	40.2%	0	0.0%	0	7086	19049	0	54014	77.9%	77.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	2	6	0	0	0	0	0	0	2	6	8
65 to 74	15	39	0	0	0	0	0	0	15	39	54
75 to 84	21	37	0	0	0	0	0	0	21	37	58
85+	7	10	0	0	0	0	0	0	7	10	17
TOTALS	45	95	0	0	0	0	0	0	45	95	140

Whitehall North
300 Waukegan Road
Deerfield, IL. 60015

Classification Numbers

Facility ID	6010003	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	64	0	0	19	57	0	140
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	64	0	0	19	57	0	140

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	137	0	0	0	137
Race Unknown	0	0	0	0	0
Total	140	0	0	0	140

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	46.00
LPN's	8.00
Certified Aides	92.00
Other Health Staff	45.00
Non-Health Staff	92.00
Totals	285.00

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
60.0%	0.0%	0.0%	11.6%	28.3%	100.0%		
16,215,743	0	0	3,136,340	7,655,010	27,007,093	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WILLOW CREST NURSING PAVILION
515 NORTH MAIN STREET
Sandwich, IL. 60548

Reference Numbers

Facility ID	6008379	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

Administrator
Annmarie Harrington

Contact Person and Telephone
Annmarie Harrington
815-786-8426

Registered Agent Information

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	98
Total Admissions 2017	143
Total Discharges 2017	153
Residents on 12/31/2017	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	16
Alzheimer Disease	12
Mental Illness	1
Developmental Disability	0
Circulatory System	21
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	9
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 27

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	116	116	109	109	88	28	58	116
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	116	116	109	109	88	28	58	116

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4551	21.5%	18829	44.5%	2108	920	8754	0	35162	83.0%	83.0%
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%
TOTALS	4551	21.5%	18829	44.5%	2108	920	8754	0	35162	83.0%	83.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	6	0	0	0	0	0	0	1	6	7
60 to 64	4	6	0	0	0	0	0	0	4	6	10
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	7	19	0	0	0	0	0	0	7	19	26
85+	17	19	0	0	0	0	0	0	17	19	36
TOTALS	34	54	0	0	0	0	0	0	34	54	88

WILLOW CREST NURSING PAVILION
515 NORTH MAIN STREET
Sandwich, IL. 60548

Classification Numbers

Facility ID	6008379	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	51	0	1	24	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	51	0	1	24	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	9.00
Certified Aides	22.00
Other Health Staff	6.00
Non-Health Staff	17.00
Totals	67.00

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
36.4%	36.7%	4.4%	0.4%	22.1%	100.0%		
2,839,506	2,861,331	342,667	28,037	1,724,040	7,795,581	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Willow House
555 Burnham
University Park, IL. 60466

Reference Numbers

Facility ID	6014559	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Becky Omonode

Contact Person and Telephone
Sherry Newton
217-398-0754 ext 13

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

Date Questionnaire Completed 4/13/2018

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	13
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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
TOTALS	13

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	13	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	13	16	13	3	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4938	84.6%	0	0	0	0	4938	84.6%	84.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4938	84.6%	0	0	0	0	4938	84.6%	84.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	2	0	0	2	2	4
45 to 59	0	0	0	0	1	4	0	0	1	4	5
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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
TOTALS	0	0	0	0	5	8	0	0	5	8	13

Willow House
555 Burnham
University Park, IL. 60466

Classification Numbers

Facility ID	6014559	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	7	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	13.00

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
0.0%	89.5%	10.5%	0.0%	0.0%	100.0%		
0	801,043	93,932	0	0	894,975	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Willow Rose Rehab and Health Care
410 Fletcher
Jerseyville, IL. 62052

Reference Numbers

Facility ID	6003842	
Health Service Area	003	
Planning Service Area	083	Jersey
County	083	Jersey County

Administrator
Becky Akers

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/20/2018

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	49
Total Admissions 2017	81
Total Discharges 2017	81
Residents on 12/31/2017	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	6
Developmental Disability	1
Circulatory System	11
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	57	98	49	49	98	98
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	98	98	57	98	49	49	98	98

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1050	2.9%	13274	37.1%	0	52	4260	0	18636	52.1%	52.1%
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%
TOTALS	1050	2.9%	13274	37.1%	0	52	4260	0	18636	52.1%	52.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	2	0	0	0	0	0	0	3	2	5
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85+	5	13	0	0	0	0	0	0	5	13	18
TOTALS	15	34	0	0	0	0	0	0	15	34	49

Willow Rose Rehab and Health Care
410 Fletcher
Jerseyville, IL. 62052

Classification Numbers

Facility ID	6003842	
Health Service Area	003	
Planning Service Area	083	Jersey
County	083	Jersey County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	37	0	0	9	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	37	0	0	9	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	4.00
Certified Aides	16.00
Other Health Staff	1.00
Non-Health Staff	17.00
Totals	42.00

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
5.2%	70.0%	0.0%	3.0%	21.8%	100.0%		
139,215	1,881,169	0	79,630	586,320	2,686,334	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Willows Health Center
4054 Albright Lane
Rockford, IL. 61103

Reference Numbers

Facility ID	6010037	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Lu-Anne Brannum

Contact Person and Telephone
Lu-Anne Brannum
815-316-1579

Registered Agent Information
William T. Pratt
4141 N. Rockton Ave.
Rockford, IL 61103

Date Questionnaire Completed 4/3/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	209
Total Admissions 2017	282
Total Discharges 2017	274
Residents on 12/31/2017	217

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	29
Blood Disorders	1
*Nervous System Non Alzheimer	32
Alzheimer Disease	12
Mental Illness	6
Developmental Disability	0
Circulatory System	42
Respiratory System	35
Digestive System	18
Genitourinary System Disorders	13
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	217

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	91	91	79	91	66	25	20	22
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	202	202	158	202	151	51		
TOTAL BEDS	293	293	237	293	217	76	20	22

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2810	38.5%	3617	45.0%	0	1711	17453	0	25591	77.0%	77.0%
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	53656	0	53656	72.8%	72.8%
TOTALS	2810	38.5%	3617	45.0%	0	1711	71109	0	79247	74.1%	74.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	1	0	1	1
60 to 64	0	0	0	0	0	0	0	1	0	1	1
65 to 74	1	1	0	0	0	0	0	1	1	2	3
75 to 84	3	9	0	0	0	0	7	21	10	30	40
85+	19	33	0	0	0	0	32	88	51	121	172
TOTALS	23	43	0	0	0	0	39	112	62	155	217

Willows Health Center
4054 Albright Lane
Rockford, IL. 61103

Classification Numbers

Facility ID	6010037	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	7	0	5	48	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	151	0	151
TOTALS	6	7	0	5	199	0	217

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	66	0	0	150	216
Race Unknown	0	0	0	1	1
Total	66	0	0	151	217

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	66	0	0	151	217
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	151	217

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	14.00
Certified Aides	56.00
Other Health Staff	2.00
Non-Health Staff	52.00
Totals	141.00

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
12.0%	1.9%	0.0%	4.5%	81.6%	100.0%		
1,812,391	290,843	0	677,892	12,369,141	15,150,267	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WILSON CARE
4544 NORTH HAZEL STREET
Chicago, IL. 60640

Reference Numbers

Facility ID	6010045	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

Administrator
Augie Beley

Contact Person and Telephone
Augie Beley
773-561-7241

Registered Agent Information
Thomas Winter
6840 North Lincoln Avenue
Skokie, IL 60712

Date Questionnaire Completed 4/13/2018

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	141
Total Admissions 2017	131
Total Discharges 2017	131
Residents on 12/31/2017	141

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	141
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
TOTALS	141

Total Residents Diagnosed as Mentally Ill 141

Total Residents Reported as Identified Offenders 56

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	198	198	155	198	141	57	0	198
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	198	198	155	198	141	57	0	198

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	6784	9.4%	46344	0	62	0	53190	73.6%	73.6%
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%
TOTALS	0	0.0%	6784	9.4%	46344	0	62	0	53190	73.6%	73.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	22	8	0	0	0	0	0	0	22	8	30
45 to 59	65	12	0	0	0	0	0	0	65	12	77
60 to 64	27	4	0	0	0	0	0	0	27	4	31
65 to 74	2	1	0	0	0	0	0	0	2	1	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
TOTALS	116	25	0	0	0	0	0	0	116	25	141

WILSON CARE
4544 NORTH HAZEL STREET
Chicago, IL. 60640

Classification Numbers

Facility ID	6010045	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 3 - Uptown

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	141	0	0	0	0	141
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	141	0	0	0	0	141

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	72	0	0	0	72
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	19	0	0	0	19
Total	141	0	0	0	141

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	24	0	0	0	24
Non-Hispanic	117	0	0	0	117
Ethnicity Unknown	0	0	0	0	0
Total	141	0	0	0	141

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	8.00
Certified Aides	32.00
Other Health Staff	4.00
Non-Health Staff	42.00
Totals	90.00

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
0.0%	82.8%	0.0%	0.0%	17.2%	100.0%		
0	4,792,761	0	0	993,886	5,786,647	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Windsor Estates Nursing & Rehab
18300 Lavergne Ave
Country Club Hills , IL. 60478

Reference Numbers

Facility ID	6005904	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

Administrator
Tzvi M Atkin

Contact Person and Telephone
Helen Lacek
708-670-4737

Registered Agent Information
Joel Atkin
6100 Karlov Ave
skokie, IL 60076

Date Questionnaire Completed 5/21/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	130
Total Admissions 2017	220
Total Discharges 2017	210
Residents on 12/31/2017	140

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	65
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	41
Mental Illness	2
Developmental Disability	2
Circulatory System	13
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	140

Total Residents Diagnosed as Mentally Ill 41

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	200	200	140	200	140	60	200	200
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	200	200	140	200	140	60	200	200

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	16724	22.9%	40297	55.2%	0	280	5110	0	62411	85.5%	85.5%
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%
TOTALS	16724	22.9%	40297	55.2%	0	280	5110	0	62411	85.5%	85.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	7	7	0	0	0	0	0	0	7	7	14
60 to 64	11	9	0	0	0	0	0	0	11	9	20
65 to 74	26	25	0	0	0	0	0	0	26	25	51
75 to 84	11	24	0	0	0	0	0	0	11	24	35
85+	7	9	0	0	0	0	0	0	7	9	16
TOTALS	64	76	0	0	0	0	0	0	64	76	140

Windsor Estates Nursing & Rehab
18300 Lavergne Ave
Country Club Hills , IL. 60478

Classification Numbers

Facility ID	6005904	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	89	0	1	10	0	140
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	40	89	0	1	10	0	140

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	88	0	0	0	88
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	2	0	0	0	2
Total	140	0	0	0	140

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	1.00
Director of Nursing	2.00
Registered Nurses	10.00
LPN's	31.00
Certified Aides	65.00
Other Health Staff	45.00
Non-Health Staff	62.00
Totals	218.00

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
46.2%	43.4%	0.0%	0.1%	10.3%	100.0%		
4,567,106	4,287,592	0	11,900	1,022,000	9,888,598	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

10/21/2016 Change of Facility Address. Portion of Tinley Park incorporated into Country Club Hills. Facility Addess changed to 18300 South Lavergne, Country Club Hills, IL 60478.

8/19/2016 Completed project including addition of 89 Nursing Care beds; facility now has 200 Nursing Care beds.

WINDSOR PARK MANOR
110 WINDSOR PARK DRIVE
Carol Stream, IL. 60188

Reference Numbers

Facility ID	6011753	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

Administrator
Lynn Blackburn

Contact Person and Telephone
Lynn Blackburn
630-510-5212

Registered Agent Information

Date Questionnaire Completed 4/16/2018

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	64
Total Admissions 2017	315
Total Discharges 2017	316
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	14
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	11
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	63

Total Residents Diagnosed as Mentally Ill 17

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	73	73	73	63	17	36	12
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	80	73	73	73	63	17	36	12

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6069	46.2%	2605	59.5%	0	1141	13825	0	23640	81.0%	88.7%
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%
TOTALS	6069	46.2%	2605	59.5%	0	1141	13825	0	23640	81.0%	88.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	3	8	0	0	0	0	0	0	3	8	11
85+	9	38	0	0	0	0	0	0	9	38	47
TOTALS	13	50	0	0	0	0	0	0	13	50	63

WINDSOR PARK MANOR
110 WINDSOR PARK DRIVE
Carol Stream, IL. 60188

Classification Numbers

Facility ID	6011753	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	6	0	4	35	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	6	0	4	35	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	6.00
Certified Aides	30.00
Other Health Staff	3.00
Non-Health Staff	30.00
Totals	84.00

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
31.2%	0.9%	0.0%	6.5%	61.5%	100.0%		
2,705,412	78,336	0	560,503	5,338,791	8,683,042	260,079	3.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Winfield Woods
28W141 Liberty
Winfield, IL. 60190

Reference Numbers

Facility ID	6005334	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Winfield Township

Administrator
Nora O'Gorman

Contact Person and Telephone
Brian Gallagher
630-668-9696

Registered Agent Information

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	130
Total Admissions 2017	73
Total Discharges 2017	66
Residents on 12/31/2017	137

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	4
Mental Illness	74
Developmental Disability	0
Circulatory System	6
Respiratory System	18
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	137

Total Residents Diagnosed as Mentally Ill 74

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	138	138	138	138	137	1	0	138
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	138	138	138	138	137	1	0	138

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3797	0.0%	5238	10.4%	34770	273	2155	0	46233	91.8%	91.8%
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%
TOTALS	3797	0.0%	5238	10.4%	34770	273	2155	0	46233	91.8%	91.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	15	12	0	0	0	0	0	0	15	12	27
60 to 64	17	18	0	0	0	0	0	0	17	18	35
65 to 74	19	22	0	0	0	0	0	0	19	22	41
75 to 84	7	20	0	0	0	0	0	0	7	20	27
85+	2	5	0	0	0	0	0	0	2	5	7
TOTALS	60	77	0	0	0	0	0	0	60	77	137

Winfield Woods
28W141 Liberty
Winfield, IL. 60190

Classification Numbers

Facility ID	6005334	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Winfield Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	27	87	1	8	0	137
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	27	87	1	8	0	137

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	128	0	0	0	128
Race Unknown	0	0	0	0	0
Total	137	0	0	0	137

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	136	0	0	0	136
Ethnicity Unknown	0	0	0	0	0
Total	137	0	0	0	137

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.80
LPN's	12.00
Certified Aides	23.50
Other Health Staff	2.50
Non-Health Staff	31.35
Totals	73.15

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Winnebgo County DBA River Bluff Nursing Home
4401 N. Main St.
Rockford, IL. 61103

Reference Numbers

Facility ID	6008007	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Sheila Storey

Contact Person and Telephone
Sheila Storey
815-921-9222

Registered Agent Information
Frank Haney, Winnebago County
404 Elm St.
Rockford, IL 61101

Date Questionnaire Completed 4/16/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	226
Total Admissions 2017	109
Total Discharges 2017	136
Residents on 12/31/2017	199

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	2
*Nervous System Non Alzheimer	20
Alzheimer Disease	73
Mental Illness	36
Developmental Disability	0
Circulatory System	30
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	199

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	304	278	199	278	199	105	76	304
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	304	278	199	278	199	105	76	304

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3104	11.2%	61913	55.8%	3483	365	10379	0	79244	71.4%	78.1%
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%
TOTALS	3104	11.2%	61913	55.8%	3483	365	10379	0	79244	71.4%	78.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	5	0	0	0	0	0	0	1	5	6
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	4	17	0	0	0	0	0	0	4	17	21
75 to 84	23	30	0	0	0	0	0	0	23	30	53
85+	21	93	0	0	0	0	0	0	21	93	114
TOTALS	52	147	0	0	0	0	0	0	52	147	199

Winnebgo County DBA River Bluff Nursing Home
4401 N. Main St.
Rockford, IL. 61103

Classification Numbers

Facility ID	6008007	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	155	17	1	23	0	199
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	155	17	1	23	0	199

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	188	0	0	0	188
Race Unknown	0	0	0	0	0
Total	199	0	0	0	199

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	196	0	0	0	196
Ethnicity Unknown	0	0	0	0	0
Total	199	0	0	0	199

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	22.00
Certified Aides	51.00
Other Health Staff	2.00
Non-Health Staff	83.00
Totals	179.00

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
7.7%	68.6%	9.4%	4.1%	10.2%	100.0%		
948,645	8,492,476	1,165,211	502,991	1,264,417	12,373,740	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Winning Wheels, Inc.
701 East 3rd Street
Prophetstown, IL. 61277

Reference Numbers

Facility ID	6010094	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

Administrator
Amie Behrens

Contact Person and Telephone
Amie Behrens
815-537-5168

Registered Agent Information

Date Questionnaire Completed 4/13/2018

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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	83
Total Admissions 2017	22
Total Discharges 2017	19
Residents on 12/31/2017	86

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	19
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	34
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	86

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 9

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	88	88	88	88	86	2	88	88
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	88	88	88	88	86	2	88	88

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1848	5.8%	28905	90.0%	105	0	400	0	31258	97.3%	97.3%
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%
TOTALS	1848	5.8%	28905	90.0%	105	0	400	0	31258	97.3%	97.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	22	12	0	0	0	0	0	0	22	12	34
45 to 59	30	10	0	0	0	0	0	0	30	10	40
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	6	3	0	0	0	0	0	0	6	3	9
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
TOTALS	59	27	0	0	0	0	0	0	59	27	86

Winning Wheels, Inc.
701 East 3rd Street
Prophetstown, IL. 61277

Classification Numbers

Facility ID	6010094	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	82	1	0	1	0	86
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	82	1	0	1	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	2	0	0	0	2

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.14
Registered Nurses	7.64
LPN's	9.70
Certified Aides	48.49
Other Health Staff	9.98
Non-Health Staff	32.21
Totals	111.16

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
12.4%	85.3%	1.0%	0.0%	1.3%	100.0%		
680,000	4,680,000	53,000	0	71,000	5,484,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WINSTON MANOR CONV & NURSING
2155 W. PIERCE AVE
Chicago, IL. 60622

Reference Numbers

Facility ID	6010102	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 24 - West Town

Administrator
ARLEEN D. BATOREK

Contact Person and Telephone
ARLEEN BATOREK
773-252-2066

Registered Agent Information
MARVIN MERMELSTEIN
6500 HAMLIN
Lincolnwood, IL 60712

Date Questionnaire Completed 4/2/2018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	140
Total Admissions 2017	213
Total Discharges 2017	202
Residents on 12/31/2017	151

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	71
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	24
Developmental Disability	0
Circulatory System	10
Respiratory System	12
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	151

Total Residents Diagnosed as Mentally Ill 70

Total Residents Reported as Identified Offenders 21

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	180	180	151	180	151	29	0	180
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	180	180	151	180	151	29	0	180

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	54572	83.1%	0	0	543	0	55115	83.9%	83.9%
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%
TOTALS	0	0.0%	54572	83.1%	0	0	543	0	55115	83.9%	83.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	8	5	0	0	0	0	0	0	8	5	13
45 to 59	33	18	0	0	0	0	0	0	33	18	51
60 to 64	29	7	0	0	0	0	0	0	29	7	36
65 to 74	28	9	0	0	0	0	0	0	28	9	37
75 to 84	8	4	0	0	0	0	0	0	8	4	12
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	107	44	0	0	0	0	0	0	107	44	151

WINSTON MANOR CONV & NURSING
2155 W. PIERCE AVE
Chicago, IL. 60622

Classification Numbers

Facility ID	6010102	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 24 - West Town

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	150	0	0	1	0	151
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	150	0	0	1	0	151

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	57	0	0	0	57
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	151	0	0	0	151

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	35	0	0	0	35
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	151	0	0	0	151

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	1.00
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	31.00
Totals	67.00

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
0.0%	98.5%	0.0%	0.0%	1.5%	100.0%		
0	5,941,253	0	0	89,595	6,030,848	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Woodbridge Nursing Pavilion
2242 N. Kedzie Blvd
Chicago, IL. 60647

Reference Numbers

Facility ID	6007074	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 22 - Logan Square

Administrator
Patricia Correa

Contact Person and Telephone
Patricia Correa
773-486-7700

Registered Agent Information
Much Shelist, P. C.
190 North Wacker Drive suite 1800
Chicago, IL 60606

Date Questionnaire Completed 4/9/2018

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	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	202
Total Admissions 2017	129
Total Discharges 2017	130
Residents on 12/31/2017	201

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	24
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	76
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	15
Digestive System	7
Genitourinary System Disorders	9
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	3
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	201

Total Residents Diagnosed as Mentally Ill 42

Total Residents Reported as Identified Offenders 14

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	222	220	212	220	201	21	222	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	222	220	212	220	201	21	222	222

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7218	8.9%	62031	76.6%	2648	655	662	0	73214	90.4%	91.2%
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%
TOTALS	7218	8.9%	62031	76.6%	2648	655	662	0	73214	90.4%	91.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	13	9	0	0	0	0	0	0	13	9	22
60 to 64	10	4	0	0	0	0	0	0	10	4	14
65 to 74	34	28	0	0	0	0	0	0	34	28	62
75 to 84	34	36	0	0	0	0	0	0	34	36	70
85+	11	20	0	0	0	0	0	0	11	20	31
TOTALS	103	98	0	0	0	0	0	0	103	98	201

Woodbridge Nursing Pavilion
2242 N. Kedzie Blvd
Chicago, IL. 60647

Classification Numbers

Facility ID	6007074	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 22 - Logan Square

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	163	10	1	1	0	201
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	163	10	1	1	0	201

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	19	0	0	0	19
Hawaiian/Pacific Isl.	0	0	0	0	0
White	10	0	0	0	10
Race Unknown	170	0	0	0	170
Total	201	0	0	0	201

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	170	0	0	0	170
Non-Hispanic	31	0	0	0	31
Ethnicity Unknown	0	0	0	0	0
Total	201	0	0	0	201

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	21.00
Certified Aides	66.00
Other Health Staff	12.00
Non-Health Staff	69.00
Totals	186.00

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
29.0%	66.2%	2.9%	0.9%	0.9%	100.0%		
4,428,347	10,098,567	440,081	141,772	142,130	15,250,897	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Wynscape Health and Rehabilitation Center
2180 West Manchester Road
Wheaton, IL. 60187

Reference Numbers

Facility ID	6008361	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Milton Township

Administrator
Aimee L. Musial

Contact Person and Telephone
Aimee L. Musial
630-665-4330

Registered Agent Information
National Corporate Research LT
520 S. 2nd Street 403
Des Moines, IA 50309

Date Questionnaire Completed 4/26/2018

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	108
Total Admissions 2017	686
Total Discharges 2017	696
Residents on 12/31/2017	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	24
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	5
Musculo-skeletal Disorders	9
Injuries and Poisonings	19
Other Medical Conditions	3
Non-Medical Conditions	5
TOTALS	98

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	209	209	113	209	98	111	199	0
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	209	209	113	209	98	111	199	0

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12796	17.6%	946	0.0%	0	3952	18156	0	35850	47.0%	47.0%
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%
TOTALS	12796	17.6%	946	0.0%	0	3952	18156	0	35850	47.0%	47.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND 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	1	0	0	0	0	0	0	0	1	1
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	4	19	0	0	0	0	0	0	4	19	23
85+	22	40	0	0	0	0	0	0	22	40	62
TOTALS	30	68	0	0	0	0	0	0	30	68	98

Wynscape Health and Rehabilitation Center
2180 West Manchester Road
Wheaton, IL. 60187

Classification Numbers

Facility ID	6008361	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Milton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	43	2	8	24	21	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	43	2	8	24	21	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.68
LPN's	6.75
Certified Aides	49.33
Other Health Staff	7.08
Non-Health Staff	19.25
Totals	105.09

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
56.7%	1.0%	0.0%	14.1%	28.1%	100.0%		
7,436,835	137,281	0	1,852,983	3,686,741	13,113,840	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Zachary House
1102 East Avenue
Streamwood, IL. 60107

Reference Numbers

Facility ID	6015002	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Hanover Township

Administrator
Robin Witt

Contact Person and Telephone
Robin Witt
847-397-0055

Registered Agent Information
Byrn Witt
3250 S. Meacham Road
Rolling Meadows, IL 60008

Date Questionnaire Completed 3/19/2018

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	15
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
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	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2017

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5490	94.0%	0	0	0	0	5490	94.0%	94.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5490	94.0%	0	0	0	0	5490	94.0%	94.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	0	0	0	4	0	4
45 to 59	0	0	0	0	4	4	0	0	4	4	8
60 to 64	0	0	0	0	2	1	0	0	2	1	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
TOTALS	0	0	0	0	10	5	0	0	10	5	15

Zachary House
1102 East Avenue
Streamwood, IL. 60107

Classification Numbers

Facility ID	6015002	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Hanover Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	5.00
Other Health Staff	0.00
Non-Health Staff	2.70
Totals	9.20

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	789,000	0	0	0	789,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.